30546

HTE# FH 1912 - 0005 Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit EDSWMH Type of Structure: ____ Proposed Wastewater System Type: 25% RSDUCTION Projected Daily Flow: _____ GPD 3 Number of Occupants: 6 max Number of bedrooms: ____ Pump Required: □Yes □ No ☑ May be required based on final location and elevations of facilities Five years Permit conditions: ☐ No expiration Date: 12-13-19 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance Basement?
Yes
No Basement Fixtures?
Yes
No Type of Wastewater System** _____ (Initial) Wastewater Flow: _ 360 GPD Number of trenches 200 Geet Trench Spacing: Feet on Center allons Exact length of each trench 2000 feet Soil Cover: 6 inches (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size gallons gallons (Maximum soil cover shall not exceed New (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. GPM Aggregate Depth: ______ inches below pipe inches above pipe Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Authorized State Agent: Date: 12-13-19

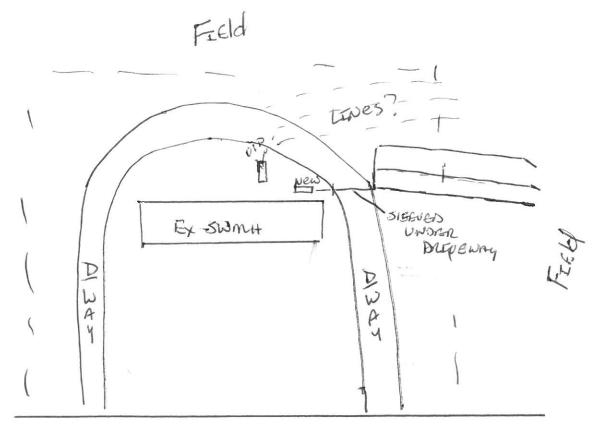
Construction Authorization Expiration Date: ______12-13-24

HTE#	EH	1912-	000	5
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Permit # 30546

Harnett County Department of Public Health Site Sketch

	- 2	PROPERTY LOCATON	: Itwy 27		
ISSUED TO: _ James	Richy Pank	SUBDIVISION _	itwy 27	MITP	LOT # _ 8
		1-3710	× /		
Authorized State Agent:	man 2 March	And ICOM	Date:	12-13-19	
- /)		•			



itwy 27