

HTE# 11-5-26022

Harnett County Department of Public Health

30547

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JASON DUFFANY PROPERTY LOCATION: SR 1418 REVER RD
 NEW REPAIR EXPANSION SUBDIVISION: Regal Crest LOT # 5
 Type of Structure: EX SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: CON
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No 15' APC BSMT
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Markham JR 2645 Date: 1-8-20 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 with the attached system layout.

ISSUED TO: JASON DUFFANY PROPERTY LOCATION: SR 1418 REVER RD
 Facility Type: EX SFD New Expansion Repair SUBDIVISION: Regal Crest LOT # 5
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)

Conventional (Repair)

Installation Requirements/Conditions
 Septic Tank Size EX TANK gallons Number of trenches 3
 Pump Tank Size _____ gallons Exact length of each trench 133 feet Trench Spacing: 9 Feet on Center
 Maximum Trench Depth of: 22-20-19 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to 2-1/4 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 4 inches below pipe
 _____ inches above pipe
 _____ inches total

**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: _____ Date: _____

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. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Markham JR 2645 Date: 1-8-20
 Construction Authorization Expiration Date: 1-8-25

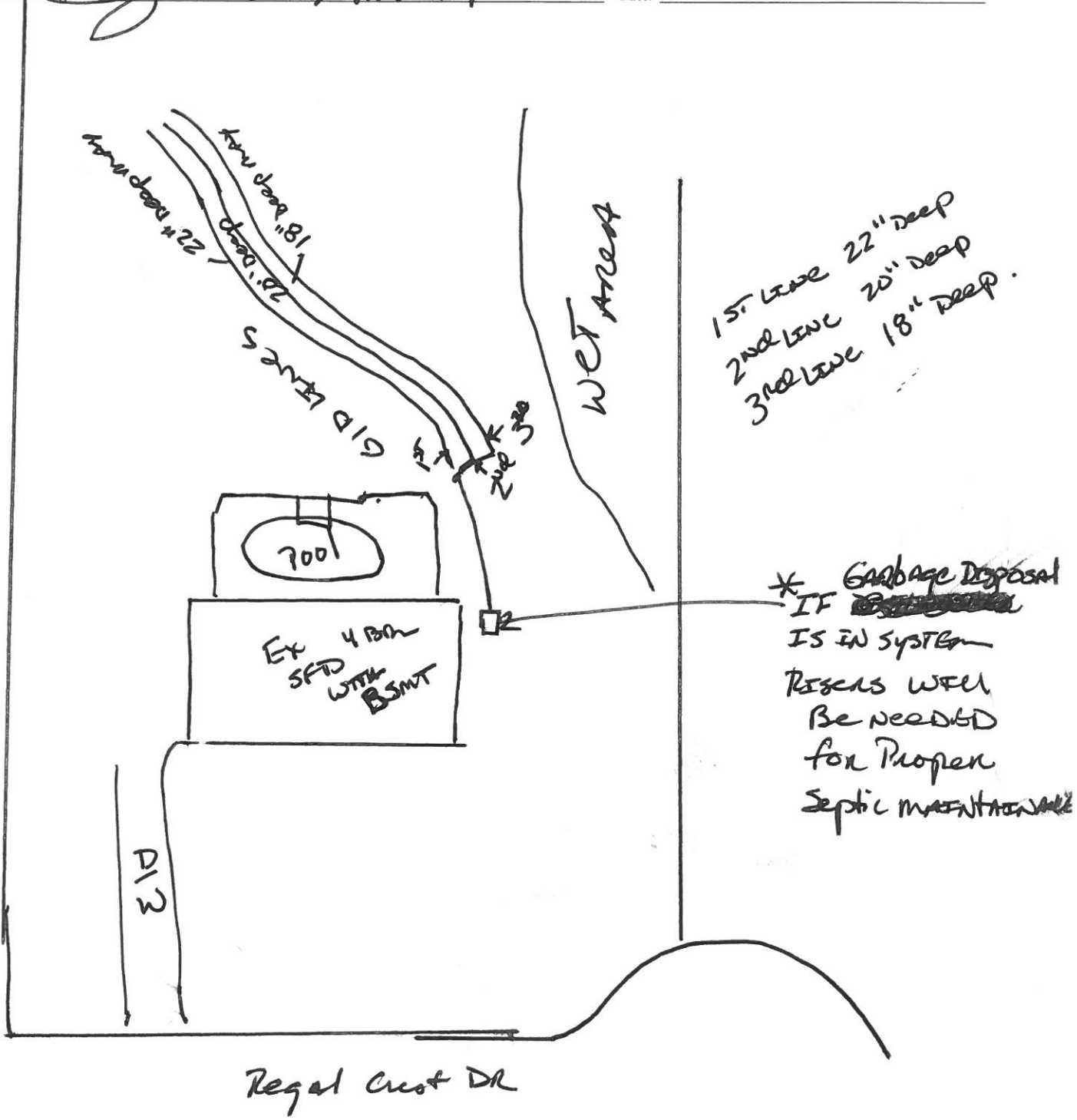
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Harnett County Department of Public Health Site Sketch

ISSUED TO: Jason Duffany PROPERTY LOCATOR: 261418 Revere RD
SUBDIVISION: Regal Crest LOT # 5

Authorized State Agent: James E. Manhart IN DEKS Date: 1-8-20



1st line 22" deep
2nd line 20" deep
3rd line 18" deep.

* GARBAGE DISPOSAL
IF ~~IS~~ IN SYSTEM
RISERS WILL
BE NEEDED
FOR PROPER
SEPTIC MAINTENANCE

Regal Crest DR