Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an	Improvement Permit
	25 Dew Cn. (Skuff Johnson 16.521516)
ISSUED TO: David Bennett SUBDIVISION AC	s a Bernett 101 # 12#
	rovements required prior to Construction Authorization Issuance:
Type of Structure: 2. Redroom Ext SFD	
Proposed Wastewater System Type: 25% reduction 5,5.	
Projected Daily Flow: 24c GPD	
Number of bedrooms: 2 Number of Occupants: 4 max	
Basement Yes No	
Pump Required: Yes No May be required based on final location and elevations of fa	cilities
Type of Water Supply: Community Public Well Distance from well 50	
Permit conditions:	No expiration
Terrifit conditions.	THO EXPITATION
// /)	
Authorized State Agent:: Date: 01	11/-1202C
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is restite is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	and the provisions of
and the property of the proper	
Construction Authoris	-A'
Construction Authorization	ation.
(Required for Building Permi	t)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporate	ed by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
	57 1516
	N: 225 Dew Lo. (Shorth Johnson M)
SUBDIVISION	is a Bennett 101 # Trutta
Facility Type: 2 50 ExT ST New Expansion	Repair
Basement? Yes No Basement Fixtures? Yes No	
	Maintell Warrant Flow 246) CDD
Type of Wastewater System**	(Initial) Wastewater Flow: 246 GPD
(See note below, if applicable)	
Installation Requirements/Conditions 15 Number of trenches 4 Repair)	
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons LEO. Exact length of each trench 50	feet
Pump Tank Sizegallons	
	a son cover.
	inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$	" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions Gravity to D. Box Equal Distribution	inches total
Conditions: Gravity to D-Box Equal Distribution reference notes on Site Plan	Emily total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SY	STEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
	To a second seco
**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 Authoriz	ation 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 an	555 17714115 4175 4175411
All Soll amen	3 - 11/1-000
Authorized State Agent: Date: Date:	
Authorized State Agent:	

Harnett County Department of Public Health Site Sketch

