26126

HTE# 10-5-24511

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ICCHED TO PLACE OF THE COLUMN TO PROVIDE THE	PROPERTY LOCATION: Hwy 24
NEWX REPAIR □ EXPANSION □	SUBDIVISION NATURES CROSSROADS LOT # 60
NEW. REPAIR DEXPANSION DESTRUCTURE: Man. Home (30' × 76')	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SYST	
Projected Daily Flow: 480 GPD	<u>=.</u> ,
Number of bedrooms: H Number of Occupants: 8	max
Basement 🗆 Yes 🔀 No	
Pump Required: Yes No May be required based on fina	location and elevations of facilities
Type of Water Supply: Community Public Well Districtions:	tance from well 100 feet Permit valid for: Five years
	─────────────────────────────────────
	1 1
Authorized State Agent:	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of or	har narmite. The narmit holder is reconstilled a last the
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nt Permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This nt Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Const	ruction Authorization
(R	equired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: PINE GROVE DEV. CORP	PROPERTY LOCATION: Hwy 24
	SUBDIVISION NATURES CROSSERDADS INT # CD
Facility Type: Man. Home (30×76) X New	☐ Expansion ☐ Repair
Basement? Yes No Basement Fixtures? Yes	[™] N ₀
Type of Wastewater System** 25% REDUCTION	SYSTEM (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	
Installation Requirements/Conditions Number of tren	
	each trench 400 foot Tronch Specimen 9
Pump Tank Size gallons Trenches shall be	each trench <u>100</u> feet Trench Spacing: <u>9</u> Feet on Center so installed on contour at a Soil Cover: <u>6</u> inches
Maximum Trenc	
	h Depth of: inches (Maximum soil cover shall not exceed shall be level to +/-1/4" 36" above the trench bottom)
in all directions	
Pump Requirements:ft. TDH vs GPM	
	Aggregate Depth: inches above pipe
Conditions: WATER LINE MUST BE 10 FRE	om Septic System. Wo inches total
UTILITIES MAY ENCROPICH ON INIT	Aggregate Depth: inches above pipe SERTIC SYSTEM. No inches total INL OR REPAIR AREAS.
**If applicable: I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
0 4 1 2	
Owner/Legal Representative Signature:	Date:
onstruction 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 provinces of the Laws and Rules for	Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	051)
- 	Puction Authorization Expiration Date: 6 11 16
Const	ruction Authorization Expiration Date: 6/11/16

HTE#	10-	5-	24	5) })
------	-----	----	----	---	-----	---

Permit # 26126

Harnett County Department of Public Health Site Sketch

