HTE# 17-5-27125R

REVISED 6/8/13

Harnett county Department of Public Heartn

Improvement Permit

26672

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: TAYLOR RO PROPERTY LOCATION: TAYLOR CO
SUBDIVISION FE THOMAS ISSUED TO: JOHN PAYLIKIANIOIS NEWX REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Man. Home (38×485) Proposed Wastewater System Type: Pume To Quick 4 Plus Grandes Low PROFILE CHAMBER 360 GPD Projected Daily Flow: Number of Occupants: _____ max Number of bedrooms: 3 Basement □Yes Pump Required: XYes ☐ No $\hfill\square$ May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent::

Date: 7 28 11

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 Pagmit 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 the 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: JOHN PAVLIKIANIOIS PROPERTY LOCATION: TAYLOR RD SUBDIVISION FE THOMAS LOT # 40 Facility Type: Man. Hone (28748) Mew Expansion Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** Pume To Q4*LP CHAMBER (TWWS-2010-1) (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) PUMP TO Q4"LP CHAMBER (Repair) Number of trenches SEE NOTE Installation Requirements/Conditions Septic Tank Size 1000 gallons Exact length of each trench 300 feet Trench Spacing: _____ Feet on Center Pump Tank Size \OOO gallons Soil Cover: 6 inches Trenches shall be installed on contour at a Maximum Trench Depth of: _____ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM ___ inches below pipe Conditions: Owner & Contractor To MEET ON SITE W/ HOHD TO DISCUSS inches total
AREA TO BE CLEARED AND METHOD OF CHEARING. FINAL LAYOUT WILL BE DONE AFTER CLEARING. 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 what the progressions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent;

Construction Authorization Expiration Date: 7 28

Harnett County Department of Public Health Site Sketch

