HTE# 11-5-27470

Harnett County Department of Public mealth

Improvement Permit

26710

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: DARROCH RO SUBDIVISION _ ISSUED TO: DON LOUIS HORTON REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MAN. HOME (14x70) Proposed Wastewater System Type: CONVENT, ONAL Projected Daily Flow: __ 240 Number of Occupants: 4 Number of bedrooms: Basement Yes No Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Five years Type of Water Supply:

Community Public

Well Distance from well

Get Permit valid for: Permit conditions: ■ No expiration DENS Date: _ Authorized State Agent:: 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: DON LOUIS HOSTON PROPERTY LOCATION: DARGE CH RO SUBDIVISION Facility Type: Man. Home (14×70) × New Expansion Repair Basement?
Yes No Basement Fixtures? Yes CONVENTIONAL (Initial) Wastewater Flow: 240 GPD Type of Wastewater System** (See note below, if applicable (See note below, if applicable (Repair) Number of trenches 3 Installation Requirements/Conditions Exact length of each trench feet Trench Spacing: Feet on Center Feet on Center inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: \\S _____ 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 Aggregate Depth: ______ inches above pipe Conditions: 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: 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: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

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