HTE#11-5-27678 Harnett County Department of Public Health	06511
Improvement Permit	26541
A building permit cannot be issued with only an Improvement Permit	
ISSUED TO BEAN + Debber Johnson SUBDIVISION ATS HERE	LOT # Z
NEW 🗹 REPAIR EXPANSION 🗆 Site Improvements required prior to Construction Author	
Type of Structure: <u>Swmtt</u>	
Proposed Wastewater System Type: 25% RBDUILON 54342	
Projected Daily Flow: <u>36.0</u> GPD Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max	
Basement 🛛 Yes 🖾 No	
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 100 feet Permit valid for: Permit conditions:	Five years I Five sears I Five years
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Authorized State Agent: Date: Date: SEE AT	TACHED 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 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 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. System with the attached system layout.	s shall be installed in accordance
ISSUED TO: Benny + Debbig Johnson PROPERTY LOCATION: BUSS MAKING RAS SUBDIVISION ATS HEAS	LOT # Z
Facility Type: SUBJIVISION Mail Streams Facility Type: Subjivision Repair Basement? Yes No Basement Fixtures?	
Basement? \Box Yes \Box No Basement Fixtures? \Box Yes \Box No	
Type of Wastewater System** 25% REDUCTION 52, 52m (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □) 2500 1250 1250 500 500 (Repair)	
Installation Requirements/Conditions Number of trenches <u>2025</u> Septic Tank Size <u>1000</u> gallons Exact length of each trench <u>1200490</u> feet Trench Spacing: <u>9</u>	_ Feet on Center
	inches
Maximum Trench Depth of: <u>24</u> inches (Maximum soil cover shall	
(Trench bottoms shall be level to $+/-1/4$ " 36" above the trench bot	
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions: 2x120'LENES ON 3X80'LENES Aggregate Depth: 2	inches below pipe inches above pipe Z 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.	ya
**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 o	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.	ATTACHED SITE SKETCH
Authorized State Agent: EMAndor Date:	
Construction Authorization Expiration Date: 10-24-11	2

