HTE# 11-5-27847 Harnett County Department of Public Health

Improvement Permit

26802

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SR 1561 Barley RD Site Improvements required prior to Construction Authorization Issuance: Type of Structure: ___ Proposed Wastewater System Type: 25% REDU COLON Systm Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 4 max Basement Yes No May be required based on final location and elevations of facilities Pump Required: □Yes □ No Five years Type of Water Supply:

Community

Public

Well Distance from well ______ feet Permit valid for: Permit conditions: ☐ No expiration Date: // - 23 - 11 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 Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% 250 V COCO Supply (Initial) Wastewater Flow: 360 Maximum Trench Depth of: 30-3/8 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: ______ inches below pipe inches above pipe ______ inches total Pump Requirements: _____ft. TDH vs. ____ GPM Conditions: 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 SEE ATTACHED SITE SKETCH 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. Date: 11-23-11 Authorized State Agent:

Construction Authorization Expiration Date: 11-23-16

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 5745	61 Bailey PD	
ISSUED TO: CALVEN A	McNeill SUBDIVISION_		LOT # i
Authorized State Agent:	¿ Monhorte MEAR	Date:	11

