HTE# 12-5-29256 Harnett County Department of Public Health

Improvement Permit

27027

A building permit cannot be issued with only an Improvement Permit EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 2500 1780 Crow Systa Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: Basement □Yes May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well _______ feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agenc: Date: 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 iLthe 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. Type of Wastewater System** Prom to Marketice to 2502 12EDUCTON (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size ________ gallons (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM 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: / 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. Authorized State Agent: Date: 8-21-12

Construction Authorization Expiration Date: 8-21-17

Harnett County Department of Public Health Site Sketch

