HTE# 12-5-3009

Harnett County Department of Public Health

27197

Improvement Permit

• •		ot be issued with onl PROPERTY LOCATION;	y an Improvement	Permit	
ISSUED TO: DEMNIS & KONTHY GA	LBRAITH		D HOLD		LOT #
NEW 🗙 REPAIR 🗆 , EXPANSIO			Improvements rec	uired prior to Construction Authori	
NEW REPAIR C EXPANSIO	44)		•	•	
Proposed Wastewater System Type:	UCT. ION	_			
Projected Daily Flow: 340 GPD	C		······································		
Number of bedrooms: Number of Occup	ants: 6	max			
Basement 🗆 Yes 🗶 No					
		ocation and elevations			
Type of Water Supply: Community Public Permit conditions:	X Well Distan	ce from well <u>160</u>	feet	Permit valid for:	Five years
- fill for an and the second s					
			2/12	·····	
Authorized State Agent:: The issuance of this permit by the Health Department in no way guaran	REHS	Date:		SEE ATT/	ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use cl					
the Laws and Rules for Sewage Treatment and Disposal and to condition	• •			some of the ster the permit is subject to	computance with the provisions of
				·····	
	<u>Constr</u>	uction Autho	rization		
		uired for Building P			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.				into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: DEMNIS SKATINY GA	000			Real Real	
ISSUED TO: DEANIS STRAIL OH	LOKANJA				LOT #
Facility Type: MANHOME (27/244)					LOI #
			🗀 Kepair		
Basement? I Yes No Basement Fixt	ures? 🗆 Yes	LX NO			3(0)
Type of Wastewater System** 25% REDI	ICTION DY	57EN		(Initial) Wastewater How: _	<u>360</u> GPD
(See note below, if applicable □)	<	· / _			
	=DVCTION -	5757 <u>Em (</u> Re	pair)		
Installation Requirements/Conditions	Number of trend	nes 1	5	C	
Septic Tank Size <u>1000</u> gallons	Exact length of e	each trench _ 225	<u>> </u>	Trench Spacing:	Feet on Center
Pump Tank Size gallons		installed on contou			nches
	Maximum Tranch	D	inches	(Maximum soil cover shall n	-
	maximum menci	Depth of:	Inclies	(maximum son cover shan n	ot exceed
		shall be level to +,		36" above the trench bott	
		•		•	
Pump Requirements:ft. TDH vs	(Trench bottoms in all directions)	•		•	

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	n 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 A	uthorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the providence of the Laws and Rules for Sewage Treatment and Disput	osal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization	Date: いうらりな、 on Expiration Date: いうらしつ

