HTE# 13-5-30759

Harnett County Department of Public Health

Improvement Permit

27327

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: DR Harvell La ISSUED TO: Angela Aver: the SUBDIVISION White Tail Buck REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MH 14x80 Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max ₩ No Basement Yes TH No ☐ May be required based on final location and elevations of facilities Pump Required: ☐Yes Type of Water Supply:
Community Public Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: Duy Mc Lucie, REHS Date: 3/26/2013 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: Angela Averitte PROPERTY LOCATION: DR Harvell Ln. 25% Reduct: cn system (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) 25% Reduction Sustan (Repair) Installation Requirements/Conditions Number of trenches Exact length of each trench ______ feet Trench Spacing: _____ Feet on Center Trenches shall be installed on contour at a Soil Cover: ______ inches Septic Tank Size /OOO gallons Pump Tank Size gallons Maximum Trench Depth of: 18 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: Drain liner to be run on contour 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: ___ 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: Lya Mosain, REHS Construction Authorization Expiration Date: フタレルショ

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Angela Averitte		j.	_ LOT # _ <i>S</i>
Authorized State Agent: Lynn Mc Win Reh	<i>f</i>	Date: 7/26/2013	
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