HTE# 121-5-34132

Harnett County Department of Public Health

28013

Improvement Permit

A	building permit cannot be issued with	h only an Improvement TION: LEE CO	Permit LINERD	
ISSUED TO: DESUS COLON SANTI				LOT # 1
NEW REPAIR D EXPANSIO		Sita Improvements rec	uired prior to Construction Author	
Type of Structure: MAN HUME (12/2	(Rd)	site improvements ret	uned prior to construction Author	nzation issuance.
Proposed Wastewater System Type: 35% RES	NCTIONSSTEM			
Projected Daily Flow: GPD				
Number of bedrooms: <u>3</u> Number of Occup	ants: C max		······································	<u> </u>
Basement 🛛 Yes 📉 No				
	red based on final location and eleva	tions of facilities		
Type of Water Supply: 🗆 Community 🕞 Public			Permit valid for:	Five years
Permit conditions:				No expiration
		1 1		
Authorized State Agent::	RGMS Date: _	7128/14	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit	holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use c the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be	affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
	o das perma.			
	Construction Au	thewizetien		U.S. (1)
	<u>Construction Au</u>	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: JESUS COLON SA	NTAGO PROPERTY	IDCATION. LEE	COUNT LINE	Ro
~		N		LOT # 1
Facility Type: MANHONE (14780)	∠ 💢 New 🗆 Expans	ion 🗆 Repair		
	ures? 🗆 Yes 📜 Ko	ion 🗀 nepan		
Type of Wastewater System**	ures: Li res La no	• _	/I 1/1 IV 344 /	367
(See note below if and in the D)	-2000101 27516	>m	(Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable \Box) $\gamma = 2/2$	GDUGION SYSTEM			
		_(Repair)		
Installation Requirements/Conditions	Number of trenches 4		ß	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u></u>	>O feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	ontour at a	Soil Cover: 6-12	inches
	Maximum Trench Depth of:	3-224 inches	(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level to	o +/-1/4"	36" above the trench bott	
	in all directions)			·····,
Pump Requirements:ft. TDH vs	GPM			inches below pipe
· · · · · · · · · · · · · · · · · · ·			Aggregate Depth:	
Conditions:			nggiegale veplii.	inches above pipe
conarconj	· · · · · · · · · · · · · · · · · · ·	. we yas as a we a		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:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. Th	e Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Trea	
Authorized State Agent:Construction	Date: 7)58/14 Authorization Expiration Date: 758/19

