HTE#15-5.37217

## Harnett County Department of Public Health

28550

## Improvement Permit

| A building permit cannot be issued wi  | ith only an Improvement Permit<br>ATION: ROSSEN UTMAN RD |                   |  |  |
|--|--|-------------------|--|--|
| ISSUED TO: BRIAN STAFFORD SUBDIVISION  |  | LOT #             |  |  |
| NEW A REPAIR E EXPANSION D<br>Type of Structure: Man, Home (24, 270)   | Site Improvements required prior to Construction Authori | zation Issuance:  |  |  |
| Proposed Wastewater System Type: 25% REDUCTION SYSTEM  |  |                   |  |  |
| Projected Daily Flow: <u>360</u> GPD<br>Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max   |  |                   |  |  |
|  |  |                   |  |  |
| Basement 🗆 Yes 🔀 No  |  |                   |  |  |
| Pump Required: 🗆 Yes 🛛 📉 No 🛛 🗆 May be required based on final location and elev   | rations of facilities                                    |                   |  |  |
| Type of Water Supply: 🗆 Community 🛛 Public 🗆 Well Distance from well 🔄   | 100 feet Permit valid for:                               | KFive years       |  |  |
| Permit conditions:   |  | □ No expiration   |  |  |
| 11   |  |                   |  |  |
|  |  |                   |  |  |
| Authorized State Agent::QGHS Date:   | 1027 15 SEE ATTA   | ACHED 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 |  |                   |  |  |

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 Sermit 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)

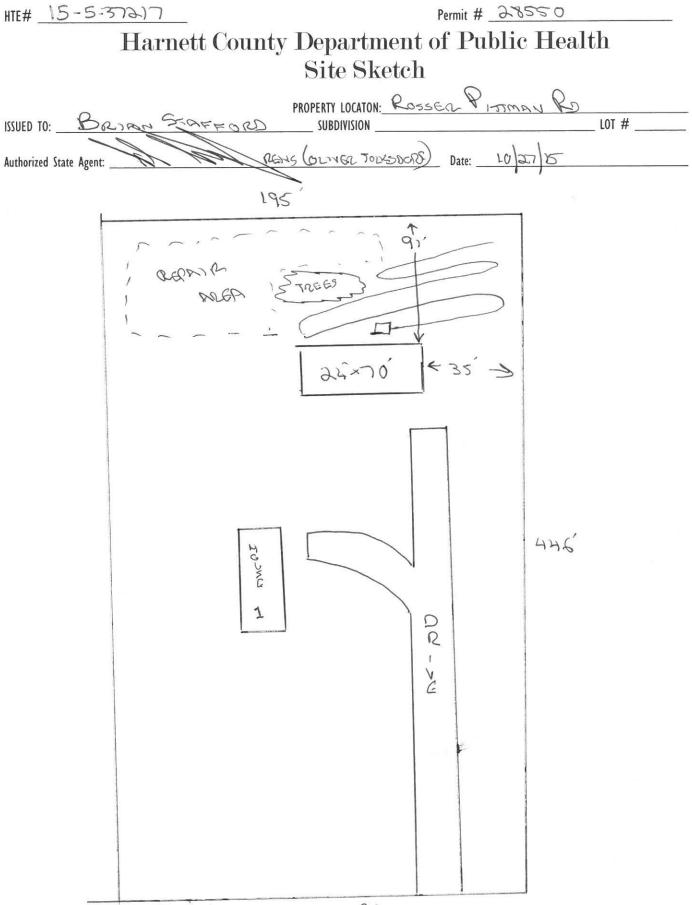
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

| ISSUED TO: BRIAN STAFFORD  | PROPERTY LOCATION:                           | SSER PITIMAN RD  |
|--|--|--|
|  | SUBDIVISION                                  | LOT #  |
| Facility Type: Man. Home (24127                                    | 🕑 🛛 🖾 New 🗆 Expansion 🗆 Repair               |  |
| Basement? □ Yes □ No Basement Fixtu<br>Type of Wastewater System** | ires? 🗆 Yes 🛛 🙀 No 🧹                         |  |
| Type of Wastewater System**  | EDVERIUN DYSTEM                              | (Initial) Wastewater Flow: <u>340</u> GPD                              |
| (See note below, if applicable 🗆)                                  |  |  |
| 25%  | RED, SVS . (Repair)                          |  |
| Installation Requirements/Conditions                               | Number of trenches                           | A  |
| Septic Tank Size <u>1000</u> gallons                               | Exact length of each trench 270 feet         | Trench Spacing: <u>9</u> Feet on Center<br>Soil Cover: <u>6</u> inches |
| Pump Tank Size gallons   | Trenches shall be installed on contour at a  | Soil Cover: <u>6</u> inches  |
|  | Maximum Trench Depth of: 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:  |  | 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. The Construction |  | change in ownership of the site. This |  |
| 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. | SEE ATTACHED SITE SKETCH              |  |
| Authorized State Agent:Construction Authoriz   | Date: レクマカン<br>cation Expiration Date: レンマフィ   | 20                                    |  |
|  |  |                                       |  |



ROSSER PITTMAN RD