HTE#17-5-41690R

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Impr PROPERTY LOCATION:	ovement Permit
ISSUED TO: BRIGH STAFFORD SUBDIVISION	LOT #3 C
	nents required prior to Construction Authorization Issuance:
Type of Structure: MAN, HOME (256×70)	telestere provise construction netionization issuance.
Proposed Wastewater System Type: CONVENTIONAL	
Projected Daily Flow:GO 360 GPD	
Number of bedrooms: Mumber of Occupants: max	
Basement Yes No	
Pump Required: 🗆 Yes 🗡 No 🗆 May be required based on final location and elevations of facilitie	
Type of Water Supply: Community X Public Well Distance from well f Permit conditions:	
	No expiration
	1
Authorized State Agent: RGHS Date: G 30) 7 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 responsit	be 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 chang the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
the Laws and Rules for sewage freatment and Disposal and to conditions of this permit.	4)30)18
Construction Authorization	<u>on</u>
(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by 1 with the attached system layout.	references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: BRIAN STAFFORD PROPERTY LOCATION:	Repair 200
SUBDIVISION	LOT # <u>3C</u>
Facility Type: MAN HOME (SRMO) & New Expansion	Repair 360
Basement? 🗋 Yes 🖂 No 🛛 Basement Fixtures? 🗋 Yes 💢 No	560
Type of Wastewater System** CONVENSIONAL	(Initial) Wastewater Flow: The GPD
(See note below, if applicable \Box)	
(See note below, if applicable D) <u>DS%</u> REDUCTION SYS (Repair) <u>Installation Requirements/Conditions</u> Number of trenches	
	C.
	feet Trench Spacing: Feet on Center
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	<u> </u>
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTE <i>I</i> NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	M OR REPAIR AREA.
**If applicable: I understand the system type specified is different from the type specified on the appli-	lication I account the analification of this armit
<u>- apprease.</u> , understand the system type specified is unterent from the type specified on the appr	ncanon, 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 Authorization s Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to t	shall not be transferred when there is a change in ownership of the site. This he conditions of this permit. SEE ATTACHED SITE SKETCH
construction rection is subject to compressive must the provisions of the Laws and Kules for sewage freatment and Disposal and to the	The conditions of this permit. SEE ATTACHED SHE SKEICH

construction Authorization is subject to compliance with the provisi	ins of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of	this permit.		SEE ATTACHED SITE SKETCH
		1 1	1	4)30/24
Authorized State Agent:	RAUS Date: G	301	7	1
P.C.N.S	Construction Authorization Expiration Date:	6	30	22

