29836

HTE# 18-5-43171

## Harnett County Department of Public Health

Improvement Permit

A building permit car	PROPERTY LOCATION: Davoon C
ISSUED TO: BARBARA SANDERS	SUBDIVISION LITUCE RIVER PLANTATION LOT # 103
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: MAN HOME (14"168)	site improvements required prior to construction Authorization issuance.
Proposed Wastewater System Type: CONVENTIONAL	
Projected Daily Flow: 240 GPD	
Number of bedrooms: Number of Occupants:	_max
Basement \(\sigma\)Yes \(\Rightarrow\)No	
Pump Required: ☐Yes ☒ No ☐ May be required based on final	
Type of Water Supply:  Community Public Well Distal Permit conditions:	nce from well 50 feet Permit valid for: Five years
Authorized State Agent:: 126715	Date: 2218 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the include its 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.	
Constr	ruction Authorization
	quired for Building Permit)
with the attached system layout.	, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: BARBORA SANDERS	PROPERTY LOCATION: DAZZOCH RO
Facility Type: Man. Home (14 x68) X New	SUBDIVISION LITTLE RIVER PLANTATION LOT # 103
Basement?  Yes No Basement Fixtures? Yes	□ No
Type of Wastewater System**	に (Initial) Wastewater Flow: 240 GPD
(See note below, if applicable □)	
COMPENTIONS	AND
Installation Requirements/Conditions Number of trenc	hes q
	each trench 80 feet Trench Spacing: 9 Feet on Center
	e installed on contour at a Soil Cover: 6 inches
	Depth of: inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Candidan	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE JOST FROM	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	A.
**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:
	changes. The 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 Treatment and Disposal and to the conditions of this permit.	
Miss M	1 )
Authorized State Agent:	Date: 2 2 8
Collect	Ruction Authorization Expiration Date: 2/2/3

## Harnett County Department of Public Health Site Sketch

