HTE# 18-5.23690

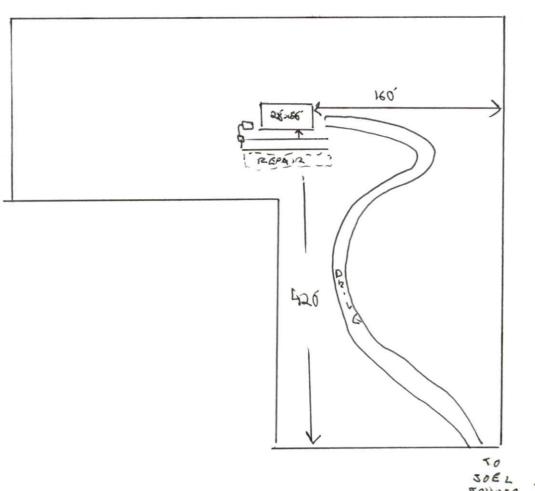
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: STACY MARSH BARRES SUBDIVISION LOT #
NEW REPAIR REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Basement □Yes ➤ No Pump Required: □Yes ➤ No □ May be required based on final location and elevations of facilities
Pump Required:
Permit conditions:
Termit conditions.
Authorized State Agent:: Date: 420 18 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 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: STACY MARSH BARRES PROPERTY LOCATION: TURNER BAILEY ZN
SUBDIVISIONLOT #
Facility Type: MAN, HOME (28 > 56) Mew Expansion Repair
Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% PEDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD G
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
25% RED. Sys. (Repair)
Installation Requirements/Conditions Number of trenches
Septic Tank Size VOOO gallons Exact length of each trench VOO feet Trench Spacing: Feet on Center
Pump Tank Size gallons
Production of the support of the sup
(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.
NO UTILITIES ALLOWED IN INITIAL OR RELAIR 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 Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the practions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent: Date: 4)20 18
Construction Authorization Expiration Date: 4720 23

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: TURNER BAILEY ZN ISSUED TO: STACK MARSH BORRUS LOT # RENS (OLIVER TOLKSDOFF) Authorized State Agent:



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