30105

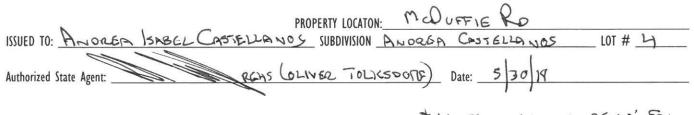
HTE#18-5413795R

## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: ANDREA ISABEL CASTELLANDS SUBDIVISION ANDREA CASTELLANDS LOT # 4			
NEW REPAIR D EXPANSION			struction Authorization Issuance:
Type of Structure: MAN. HOME (2)	1756)	overnents required prior to con	struction Authorization issuance:
Proposed Wastewater System Type: 25% Res	DUCTION SYSTEM		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occu	pants: max		
Basement Yes No			
Pump Required:   Yes  No May be required:   Type of Water Supply   Communication   Required:   Pump Required:   Type of Water Supply   Ty	ired based on final location and elevations of fa		
Type of Water Supply:  Community Public Permit conditions:	Well Distance from well	feet Pern	nit valid for: Five years
Termit conditions.			No expiration
		1	
Authorized State Agent::	REHS Date: 5 30	B	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is res	consible for checking with appropriate	governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be affected by a	change in ownership of the site. This p	ermit is subject to compliance with the provisions of
	s of this perinte.		
	Construction Authoriza	tion	
The construction and installation requirements of Rules .1950, .1952, .1	(Required for Building Permit	]   hu milionessa interaction of the state o	W.L.
with the attached system layout.	751, 1175, 11750, 11751, 11750. and 11757 are incorporated	by references into this permit and sn	all be met. Systems shall be installed in accordance
ISSUED TO: ANDOLGA ISABEL CABGERANOS PROPERTY LOCATION: McDUFFIE RO			
M 11	SUBDIVISION AND	DOGA CASTGLL	ANOS LOT # 4
Facility Type: MAN. HOME (2475		Repair	
Basement?  Yes  No Basement Fixe	cures? 🗆 Yes 🗀 No	·	
Basement? ☐ Yes ☒ No Basement Fixing Type of Wastewater System** 25% Dec	DUCTION SYSTEM	(Initial) Wast	ewater Flow: 366 GPD
(See note below if applicable   )			
25% KE	DUCTION Sys. (Repair)		
Installation Requirements/Conditions	Number of trenches1		
Septic Tank Size 1000 gallons	Exact length of each trench 200	feet Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6	- 8 inches
	Maximum Trench Depth of: 7-20	inches (Maximum soi	l cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above th	ne trench bottom)
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM		inches below pipe
		Aggregate Depth	n: inches above pipe
Conditions:			inches total
			- P - 10,000,000 (10,000,000,000,000,000,000,000,000,000,
NATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYS	TEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
** If applicable: I understand the system type specified	is different from the time and is it and the		· · · · · · · · · · · · · · · · · · ·
**If applicable: I understand the system type specified	is unierent from the type specified on the	application. I accept the spec	ifications of this permit.
Owner/Legal Representative Signature:		Date	e:
Owner/Legal Representative Signature:			
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
		1. 1	
Authorized State Agent:	REHS	Date: 5 30 18	
Construction Authorization Expiration Date: 5/30/23			

## Harnett County Department of Public Health Site Sketch



- \* WATER HUES MUST BE 10' FROM SEPTIC SYSTEM. EXISTING LINES MAY NEED TO SE RELOCATED
- + DRAIN HIDE CONTOUR MAY YSDAV

