## HTE# 11-5-27134 Harnett County Department of Public Health

**Improvement Permit** 

26522

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 521554 JOHNSON M ISSUED TO Michael Share Thatchen SUBDIVISION STW EXPANSION Site Improvements required prior to Construction Authorization Issuance: DWMH 28'x76 Type of Structure: Proposed Wastewater System Type: 25% Red SUSTON System Projected Daily Flow: \_ 360 Number of bedrooms: Number of Occupants: \_\_\_ Basement TYes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Permit valid for: Permit conditions: ☐ No expiration Date: 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: Michael Shane Thatcher PROPERTY LOCATION: 801554 Johnson KD SUBDIVISION STW New Expansion Repair Facility Type: \_\_\_ Basement Fixtures? 

Yes (Initial) Wastewater Flow: 360 GPD 25% REDUCTION SUSTE Type of Wastewater System\*\* (See note below, if applicable □) 25% REDUCTION SUSTE (Repair) Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 25718 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 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: 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 SEE ATTACHED SITE SKETCH 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. SE Markations Authorized State Agent:

Construction Authorization Expiration Date: -7-25-16

## Harnett County Department of Public Health Site Sketch

Site Sketch	
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