Harnett County Department of Public Health

26714

Im	provement	Permit

A building permit cannot be issued with only an Improvement P	A	building	permit	cannot	be	issued	with	only	an	Improvement	Permit	
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•	PROPERTY LOCA	TION: COOL SPRING	, Ko	
ISSUED TO: BENJAMIN DEESE	_ SUBDIVISION		······································	LOT # Q
NEW X REPAIR C EXPANSION C		Site Improvements required prior	to Construction Authori	
Type of Structure: MAN. HOME (JT ×60)				
Proposed Wastewater System Type: 25% REDUCTION SYS	TEM			
Projected Daily Flow: 360 GPD				
	_max			
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🔀 No 🛛 🗆 May be required based on final le	ocation and eleva	tions of facilities		
Type of Water Supply: 🗆 Community 🛛 🖾 Public 🛛 Well Distan			Permit valid for:	🗙 Five years
Permit conditions:				\Box No expiration
/ / / 40				1
Authorized State Agent::	<u>5</u> Date:	9/30/11	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of the	r permits. The permit	holder is responsible for checking with app	ropriate 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 si	e. This permit is subject to c	ompliance with the provisions of

the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

HTE# 11-5-27584

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: BENSAMIN DEESE PRO	PERTY LOCATION: COOL SPRINGS RD DIVISION LOT # 2				
	DIVISION LOT # 2				
Facility Type: TIAN HOME 27×60 X New	Expansion 🗆 Repair				
Basement? 🗆 Yes 📉 No 🛛 Basement Fixtures? 🗆 Yes 💢 No	2.15				
Type of Wastewater System** 25% REDUCTION SYST	CM (Initial) Wastewater Flow: <u>360</u> GPD				
(See note below, if applicable \Box)					
25% REDUCTION SYST	<u> </u>				
Installation Requirements/Conditions Number of trenches					
Septic Tank Size 1003 gallons Exact length of each tren	th <u>135</u> feet Trench Spacing: <u>9</u> Feet on Center				
Pump Tank Size gallons Trenches shall be installed	on contour at a Soil Cover: 12 inches				
Maximum Trench Depth o	± 24 inches (Maximum soil cover shall not exceed				
(Trench bottoms shall be	evel 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: EXTEND SURFACE WATER DRAW	TAST BOTTOM LINE inches total				
OF DRAINFIELP					
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: / understand the system type specified is different from the type	pecified 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 permisions of the Laws and Rules for Sewage Treat	nent and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Martin W	Date: <u>9]30]1)</u> uthorization Expiration Date: <u>9]30]16</u>				
Authorized State Agent:					
Lonstruction P	uthorization Expiration Date: <u>913016</u>				

