HTE# 12-5:303333

Harnett County Department of Public Health

25540

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: COLLINS RO
SUBDIVISION AB COLLINS ISSUED TO: ALVIN B. COZLINS REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Mas 1-10m6 Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: _360 GPD Number of Occupants: 6 Number of bedrooms: Basement TYes Pump Required: □Yes ➤ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public
Well Distance from well 100 feet Permit valid for: Permit conditions: ☐ No expiration RGHS Date: 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: ALVIN B. COLLINS PROPERTY LOCATION: COLLINS KO SUBDIVISION AG COLLINS Facility Type: MAN Home (27 > 56') New Expansion Repair Basement? Yes No Basement Fixtures? Yes Basement Fixtures? ロ Yes No OFD (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) 25% REDUCTION SYSTEM (Repair) Number of trenches ! Installation Requirements/Conditions Exact length of each trench 300 feet Trench Spacing: 7 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6 inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM _____ inches below pipe Aggregate Depth: ______ inches above pipe inches total **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 Construction Authorization is subject to compliance with the positions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

12-5-30333 HTE#

Permit # 25540

Harnett County Department of Public Health Site Sketch

		PROPERTY LOCATON:	COLLINS	, Ro		
ISSUED TO: _	ALVIN B. COLLINS	SUBDIVISION	AB COL	-1/1/5	LOT #	
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Authorized Sta	te Agent:	REHS COLIVER TOL	Date Date	:: <u>\ </u>		
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