### HTE# 13-5-32633

# Harnett County Department of Public Health

27765

## **Improvement** Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: NORMINGT	ON KO
ISSUED TO: DOMALO MANGUM		LOT # _ 6
NEW A REPAIR C EXPANSION Type of Structure: Man, Home (23 27 6')	Site Improvements require	d prior to Construction Authorization Issuance:
Type of Structure: MAN, HOME (28×76)		
Proposed Wastewater System Type: 25% REDUCTION SYS	<u>"Em</u>	
Projected Daily Flow: 360 GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u>	max	
Basement 🗆 Yes 🔀 No		
Pump Required: 🗆 Yes 🕅 No 👘 🗆 May be required based on final lo	cation and elevations of facilities	ς
Type of Water Supply: 🗆 Community 🔀 Public 🔲 Well Distance	ce from well <u>LOO</u> feet	Permit valid for: 🛛 🔀 Five years
Permit conditions:		No expiration
		·
Authorized State Agent:	5 Date: 12/23/13	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: DOMPLO MA	PROPERTY LOCATION: No	MANGTON RD
	SUBDIVISION	LOT # <u></u>
Facility Type: Mon Home (3	<u> きょべん)</u> A New 🛛 Expansion 🛛 Repair	
Basement? 🗆 Yes 🕅 No Basen	nent Fixtures? 🗆 Yes 🛛 🕅 No	<b>D</b> -
Basement? Ves X No Basem Type of Wastewater System**	· REDUCTION SYSTEM	(Initial) Wastewater Flow: $366$ GPD
(See note below if applicable )	REDUCTION SYSTEM (Repair)	
Installation Requirements/Conditions	Number of trenches	q
Septic Tank Size <u>1060</u> gallons	Exact length of each trench $\underline{\partial}\underline{O}\underline{O}$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-18</u> inches
	Maximum Trench Depth of: <u>18-30</u> 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	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.

\*\*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 inter	nded 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 provisions 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: 12/23/1	3

