HTE# 14-5-33611

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Harnett County Department of Public Health

27937

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

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	DDADEDTV	LOCATION:	レ	mini	¥	10166
	LULLULL	LUCATION:	-	0740	•	1126-7

ISSUED TO: THAN MICLANLEY	SUBDIVISION	ROVAL PINES		LOT # 9-B
NEW X REPAIR C EXPANSION Type of Structure: MAN HOME (28×48)		Site Improvements required prior	to Construction Authorizati	
Type of Structure: MANHOME (2.8×248)		· · ·		
Proposed Wastewater System Type: 25% Q60 JCT 10-N	_			
Projected Daily Flow: <u>240</u> GPD				
Number of bedrooms: Number of Occupants:	max			
Basement 🗆 Yes 🔀 No				
Pump Required: I'Yes' I'No I May be required based on final lo	cation and eleva	tions of facilities		
Type of Water Supply: 🗆 Community 🔲 Public 🔀 Well Distance	e from well	too feet	Permit valid for:	🕱 Five years
Permit conditions:				No expiration
				•
Authorized State Agent::	Date:	5/22/14	SEE ATTACH	ED SITE SKETCH
The issuance of this nermit by the Health Department in no way guarantees the issuance of where	parmits The parmit	holder is reportible for checking with one	rearists governing hadies in mas	the shale continues of This

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: MAX McCAULEY	PROPERTY LOCATION:	MAL PINES
		PINES LOT # 9-B
Facility Type: MAN HOME (28×4	🕑 🔀 New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🔀 No Basement Fix	tures? 🗆 Yes 🕞 No	
Type of Wastewater System**	LEONCTION SUSTEM	(Initial) Wastewater Flow: <u>240</u> GPD
(See note below, if applicable □)		· · ·
25%	REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size <u>VOCO</u> gallons	Exact length of each trench $\underline{-60}$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>12</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: / 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 the site plan, plat, of the intended use changes. The Construction Authorization shall not be transferred wi	hen there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of this perm	
Authorized State Agent: Date: Construction Authorization Expiration Date:	14 28 19

