HTE# 15-5-35318

Harnett County Department of Public Health

28178

Improvement Permit

		an Improvement Permit	\circ	
\sim \sim	PROPERTY LOCATION:	CP STEWARK	Ro	
ISSUED TO: DENA HAZPER	_ SUBDIVISION	Stationards.		LOT # 🔍
NEW REPAIR EXPANSION Type of Structure: MAN HOME (28 - 65)	Site	Improvements required prior to	o Construction Authoriz	
Type of Structure: MAN HOME (28-68)				
Proposed Wastewater System Type: 25% REDUCTION				
Projected Daily Flow: <u>360</u> GPD Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u>				
Number of bedrooms: <u>S</u> Number of Occupants: <u>S</u>	max			
Basement □Yes No Pump Required: □Yes No □ May be required based on final lo				
Pump Required: 🛛 Yes 🔁 No 👘 May be required based on final lo	cation and elevations	of facilities		
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance			Permit valid for:	Five years
Permit conditions:				No expiration
		1		
Authorized State Agent::	Date:	27 15	SEE ATTA	CHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance the 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: DEVA HARREN	PROPERTY LOCATION:	P STEWART RD
	SUBDIVISION	<u></u> LOT #_ <u></u>
Facility Type: MAN HOME (28)×	<u> Kao Katang Kabupatén ka</u> Repai	
Basement? 🗆 Yes 🔀 No 🛛 Basemen	T Fixtures? I Yes XNO REDUCTION SYSTEM	
Type of Wastewater System** _ 25%	REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(Can note holes: if anylischie [])	REDUCTION S7556M (Repair)	, , ,
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench <u>60</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u> </u>
	Maximum Trench Depth of: <u>18-20</u> inche	s (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 int	tended 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: 1242	0

