HTE# 16-5-39584

Harnl County Department of Public lth

Improvement Permit A building permit cannot be issued with only an Improvement Permit 29013

	PROPERTY LOCATION: JAMES JAZ KD
ISSUED TO: 1 MOTHY ETRIN	G SUBDIVISION LOT # 3
NEW REPAIR □ EXPANS	ION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: Man. Home OF	
Proposed Wastewater System Type: 25% REC	OUGION STATEM
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occ	upants: 6 max
	upantsmax
Basement Yes No	
	quired based on final location and elevations of facilities
Type of Water Supply: Community Public	
Permit conditions:	□ No expiration
All m	
	Date ett.
Authorized State Agent::	Date: 9716 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua	arantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	e 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 condi-	ions of this permit.
	Construction Authorization
	(Required for Building Permit)
	.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: 1, MOTINY EXENT	PROPERTY LOCATION: JAMES TARY RO
133020 10.	SUBDIVISION LOT # 3
Ma Was (78)	SUDDIVISION
Facility Type: MAN, Home (28)	New Expansion Repair
	ixtures? 🗆 Yes 🔀 No
Type of Wastewater System** 25%	Fixtures? Tes Mo System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	
25%	RED. Sys. (Repair)
Installation Requirements/Conditions	
Septic Tank Size 1000 gallons	Exact length of each trench 90 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: inches
	Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall not exceed
	,
	in all directions)
Pump Requirements:ft. TDH vs	GPM inches below pipe
1	Aggregate Depth: inches above pipe
Conditions:	00 0 1
Conditions.	
WATER LINES (INCLUDING IRRIGATION) MUS	T BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	R DRAIN FIELD AREA.
**If applicable: I understand the system type specific	fied 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 reversitional the site of	an, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
	ns of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Construction Authorization is subject to compliance with the provision	13 VI LIC LANS AND BUILES BUT SEMAGE TECALIFICITE AND VISQUARE AND TO THE CONDITIONS OF UNIS PERMIT.
Authorized State Agent:	Date: 9716
,	Construction Authorization Expiration Date: 972
	CONSTRUCTION LIMITALISM PARTICULAR PARTICULA

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: JAMES TARTED LOT # <u>3</u> SUBDIVISION REHS COLIVER TOLKSDORD Date: 9716 Authorized State Agent: 177' 100' 199' 25 DMOME 25 60' JAMES TART RD