Harnett County Department of Public Health

Improvement Permit

| | PROPERTY LOCATION: 155 Translation De La Valle CV 24 Sq. 1873 |
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| ISSUED TO: GOLGY ROBINSON HONE. NEW D REPAIR D EXPAN. | PROPERTY LOCATION: 155 Treasure Dr. (Neills CK. 22. Sa 1873) Subdivision South Creak 5/0> LOT # 12 |
| NEW REPAIR EXPAN | SION Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: 460 57 XCF SF | |
| Proposed Wastewater System Type: 3590 A | edutan sys, |
| Projected Daily Flow: 480 GPD | |
| Number of bedrooms: 4 Number of Occ | cupants: 8 max |
| Basement Yes Who | |
| Pump Required: Yes No May be re | quired based on final location and elevations of facilities |
| Type of Water Supply: Community Public Permit conditions: | ☐ Well Distance from well feet Permit valid for: ☐ Five years ☐ No expiration |
| | 2 |
| Authorized State Agent:: | Date: 10/09/2018 SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way gua | rantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This expenses the Improvement Permit shall not be affected by a change in ownership of the size. This permit is subject to compliance with the provisions of |
| | Construction Authorization |
| | (Required for Building Permit) |
| vitn the attached system layout. | .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance |
| SSUED TO: Gary Robinson Ho | SUBDIVISION South Creek SIDS LOT # 12 |
| acility Type: 40% L 34 x64 or | New L Expansion Repair |
| | xtures? Yes No |
| See note below, if applicable () | medication system (Initial) Wastewater Flow: 480 GPD |
| 50% | Number of trenches (Repair) |
| nstallation Requirements/Conditions | Number of trenches 5 |
| eptic Tank Size <u>1000</u> gallons | Exact length of each trench feet |
| ump Tank Size gallons | Trenches shall be installed on contour at a Soil Cover: 8 -> 14 inches |
| | Maximum Trench Depth of: 20 2 inches (Maximum soil cover shall not exceed |
| | (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| | in all directions) |
| ump Requirements:ft. TDH vs | |
| | Angranata Donth: WA inches above aire |
| anditions: Shallows (20In) To | DEEP (26.71) Install required ~^ inches total |
| ATED LINES (INCLUDING IDDICATION) MUST | DE TOTT FROM ANY DART OF CERTIC CYCTEM OR DERAID AREA |
| O UTILITIES ALLOWED IN INITIAL OR REPAIR ! | BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. |
| | |
| If applicable: I understand the system type specified | d is different from the type specified on the application. I accept the specifications of this permit. |
| wner/Legal Representative Signature: | Date: |
| is 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 |
| nstruction 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 |
| | |
| uthorized State Agent: | Date: |
| ANDREW WAR | |

| HTE# 5551809- | 0029 |
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Permit # 30188

Harnett County Department of Public Health Site Sketch

| | | PROPERTY LOCATON: | 155 71 | reasure by | - (Neills CK | N. SR 1573) |
|-------------------------|---------------------|-------------------|--------|------------|--------------|-------------|
| ISSUED TO: Gary | Robinsom Homes, LLC | SUBDIVISION | South | Creek | 5/00 | LOT # 12 |
| Authorized State Agent: | Charle ANDRE | in way | | Date: | 10/04/201 | ٤ |

