HTE#<u>\$501810-005</u>2

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	. /
PROPERTY LOCATION: Wade Stephenson R	1. (SR 140.
ISSUED TO: HORON & Tamara Wilkins SUBDIVISION Acron Wilkins	LOT # _ 5
NEW 🗔 REPAIR 🗆 EXPANSION 🗆 Site Improvements required prior to Construction Authorization Is	suance:
Type of Structure: 580 76'x 78' Siss Lot shall be cleared to	20
Proposed Wastewater System Type: 25% reduction 543.	
Projected Daily Flow: 600 GPD Septic sys placement	5
Basement UYes 12-170 Number of Occupants: 18 max [call Eath when lot clear	Low
Pump Required: Yes No May be required based on final location and elevations of facilities	
	rive years
Permit conditions:	No expiration
Authorized State Agent: 65/2018 SEE ATTACHED SI	TE 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 the	
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 in	istalled in accordance
with the attached system layout.	
TO A	(107)
ISSUED TO: Auton d. Tamara Wilkins PROPERTY LOCATION: 1148 Wind Stephenson Rd. (SUBDIVISION AUTOR Tamara Wilkins 8/15 L	SCIGOT
	.0T # <u>5</u>
acility Type: 58276 ×78 555	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% reduction 3,5 term (Initial) Wastewater Flow: 60	S GPD
(See note below, if applicable \square)	
Pump to 25% and 5/3 (Repair)	
Installation Requirements/Conditions Number of trenches 4	
	n Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches	
Maximum Trench Depth of:1& inches (Maximum soil cover shall not exce	ed
(Trench bottoms shall be level to $\pm /-1/4$ " 36" above the trench bottom)	
in all directions)	
and the same of th	nches below pipe
	inches above pipe
Conditions: D-box Equal Distribution required NA	
conditions. The post of the po	inches total
NATER 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 pern	nit.
Owner/Legal Representative Signature: Date:	
This 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	
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: Language Market Date: 12/07/2018	
ANDREW CURRYN Construction Authorization Expiration Date: 12/07/2018	

HTE# SFD1810-0052

30873 Permit # 30294(Av)

Harnett County Department of Public Health Site Sketch

