HTE#5571811-0004 Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit | | |
|---|--|---------------------------------|
| ISSUED TO: Scothern Touch + | PROPERTY LOCATION: 1155 Call Grave Ch. 1 | |
| NEW REPAIR EXPANSIO | ACLES SUBDIVISION | LOT # <u>2</u> |
| Type of Structure: 38 0 62 x50 | | ation Issuance: |
| Proposed Wastewater System Type: Convents | | |
| Projected Daily Flow: 360 GPD | | |
| | pants:max | |
| Basement Yes No | | |
| Pump Required: ☐Yes ☐ No ☐ May be requ | ired based on final location and elevations of facilities | |
| Type of Water Supply: Community Public | ☐ Well Distance from well feet Permit valid for: | Five years |
| Permit conditions: | | ☐ No expiration |
| | | |
| Authorized State Agent:: | Date: OI 03/2018 2019 SEE ATTAC | THE CITE CHETCH |
| Authorized State Agent: Date: O 1 03 208 209 SEE ATTACHED SITE 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 their requirements. This | | |
| site is subject to revocation if the site plan, plat, or the intended use of | hanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to co | mpliance with the provisions of |
| the Laws and Rules for Sewage Treatment and Disposal and to condition | s of this permit | |
| | | |
| | Construction Authorization | |
| | (Required for Building Permit) | |
| The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout. | 954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems sh | all be installed in accordance |
| ISSUED TO: Soutlern Touch | HONES PROPERTY LOCATION: 1155 Oak Grove Ch | . Nd. (SC 1532) |
| | SUBDIVISION | LOT # |
| Facility Type: 381 62'x50' SISS New Expansion Repair | | |
| Basement? Yes Sasement Fixtures? Yes No | | |
| // | rentional Gravel (Initial) Wastewater Flow: | 360 GPD |
| (See note below, if applicable | 4. | |
| | Conventional (Repair) | |
| Installation Requirements/Conditions | Number of trenches | |
| Septic Tank Size 1000 gallons | Exact length of each trench 90 feet Trench Spacing: 9 F | |
| Pump Tank Size gallons | Trenches shall be installed on contour at a Soil Cover: inc | thes (Import) |
| | Maximum Trench Depth of: 14 inches (Maximum soil cover shall not | t exceed |
| | (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom | n) |
| | in all directions) | |
| Pump Requirements:ft. TDH vs | _ GPM _ M | inches below pipe |
| | Aggregate Depth: | inches above pipe |
| Conditions: CoIN Imported Soil | Cover negured, At-Grade Sys. | inches total |
| Hoy Poundertich drain | shall be routed around septicarea | |
| WATER LINES (INCLUDING IRRIGATION) MUST B | E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. | |
| NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR D | | |
| **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: | | |
| | lat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in owne | urship of the cite. This |
| | and the company of th | TACHED SITE SKETCH |
| , | 7 | TACHED SHE SKEICH |
| Authorized State Agent: | | |
| Construction Authorization Expiration Date: 01 03 2024 | | |

Harnett County Department of Public Health Site Sketch

