HTE# SFD1812-0019

## Harnett County Department of Public Health

30317

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	SR1412
PRODERTY LOCATION, 190 O	nistian Light NJ
NEW SUBDIVISION MASONS POINTE	LOT # 38
ILLIAIN LI EXPANSION LI Site Improvements required in C	ization Issuance
10 10 K30 ST33	
Proposed Wastewater System Type: 2595 redocted 575 Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants: max  Basement Yes No	
Time of West C. I. The state of	
Permit conditions:	2 Five years
	☐ No expiration
	·
Authorized State Agent:: Date: 0/1/35/30/5 SEE ATT	
The issuance of this permit by the Health Department in no way guarantee the issuance of this permit by the Health Department in no way guarantee the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the permit by the Health Department in no way guarantees the issuance of the house of the permit by the Health Department in no way guarantees the issuance of the house of the	ACHED SITE SKETCH
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 conditions of this permit.	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ompliance with the provisions of
Construction Authorization	
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 swith the attached system layout.	
with the attached system layout.	hall be installed in accordance
ICCURD TO. O. LO C	5r 1442
ISSUED TO: Batemon Civil Survey Comony PROPERTY LOCATION: 199 Piney Field Na. (	Uncisted 1 1 01
CHRINICION WAS PARTY	LOT # _38
New Expansion Renair	
Basement?  Yes  Basement Fixtures?  Yes  No	
Type of Wastewater System** Pump to 25% newstron 25. (Initial) Wastewater Flow:	1/00 m
(See note below, if applicable )    Number of trenches   3	780 (P)
Pump to 25% red. Sys. (Repair) TOTAL MIN	
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1006 gallons Event book of 115, 193'	
Pilmo lank (176 CTC) gallons T	eet on Center
Military and a source of the s	ches
Maximum Trench Depth of: 24 inches (Maximum soil cover shall no	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	inches below pipe
Conditions: Proceeding Open Control of Aggregate Depth: Aggregate Depth:	inches above pipe
conditions: Tomo to Pressive Manifold w/ 345FT MIN Over	inches total
Conditions: Pump to Pressure Manifold w/ 345FT MIN Over _~	menes 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	narmit
	periint.
Owner/Legal Representative Signature:	
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 owner Construction Authorization is subject to compliance with the remaining of the last change in owner construction Authorization is subject to compliance with the remaining of the last change in owner construction.	
SEE ATT	ACHED SITE SKETCH
Authorized State Agent: C Page 13 Page	
Date	_
Construction Authorization Expiration Date: 01/08/2024	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Bateman Civil Survey Coo	PROPERTY LOCATON: 199Piney Field Nd. (Christian Christian Christia	5.05
Authorized State Agent:	Date.	_

\* SUPPLY LIVE 75FT FROM PROPERTY LIVES

\* SUPPLY LIVE 75FT FROM PROPERTY LIVES

\* PUMP TO PRESSURE MANIFOLD W/ 345 FT MIN DRAINFIELDS

