Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: 3365	Gallides River (1d. (521418)
ISSUED TO: Howell Builders	PROPERTY LOCATION: 3365 SUBDIVISION	CLAST	LOT # 4
NEW ☐ REPAIR ☐ EXPANSION ☐	Site Improvements r	equired prior to Construction Author	rization Issuance:
Type of Structure: 381 85 x 70 5 55	_		
Proposed Wastewater System Type: 25% reduction Sy	<u> </u>		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes No			
Pump Required: Yes No May be required based on final		A	
Type of Water Supply: Community Public Well Dist Permit conditions:	ance from well feet	Permit valid for:	☐ Five years ☐ No expiration
		2019	
Authorized State Agent::	3 Date: 01/08	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of ot site is subject to revocation if the site plan, plat, or the intended use changes. The Improveme the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	her permits. The permit holder is responsible for c nt Permit shall not be affected by a change in ow	hecking with appropriate governing bodies in nership of the site. This permit is subject to	meeting their requirements. This compliance with the provisions of
Const	ruction Authorization		
	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 are incorporated by reference	s into this permit and shall be met. Systems	
			(521418
ISSUED TO: Havel Buildess	PROPERTY LOCATION: 336	5 Oakride River	er Road
Facility Type: 382 951×701 3FED New	SUBDIVISION Repair		LOT # <u>4</u>
Facility Type: 361 €36 × 70 3 €5 New Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes			
	□ No	/I 121 B M/	21 20 000
Type of Wastewater System** 25% 25% 26% (See note below, if applicable \square)	tion yoten	(Initial) Wastewater Flow:	36 O GPD
25% reduction	5,5 (Repair)		
Installation Requirements/Conditions Number of tren	othes 3		
Septic Tank Size 1000 gallons Exact length of	each trench 80 feet	Trench Spacing:	Feet on Center
	be installed on contour at a		nches
Maximum Trend	th Depth of: 24 inches		
	s shall be level to +/-1/4"	36" above the trench bott	
in all directions			•)
Pump Requirements:ft. TDH vs GPM	,	NA	inches below pipe
0 9000 100		Aggregate Depth:	inches above pipe
Conditions:			inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	FA.		
**If applicable: I understand the system type specified is different from	the type specified on the application	n. I accept the specifications of t	his permit.
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 the site. This			
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			
		20-19	
Authorized State Agent: Date: 0/08/act6 Av			
ANDREW CURRY Construction Authorization Expiration Date: 01/08/2024			

Harnett County Department of Public Health Site Sketch

