30496

HTE#_SFDP103-0021

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit						
ISSUED TO: Boyan Howell SUBDIVISION SUBDIVISION						
τοι π στς						
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 352 36466 555						
Proposed Wastewater System Type: 25% reduction						
Projected Daily Flow: 360 GPD						
Number of bedrooms: 3 Number of Occupants: 6 max						
Basement Tyes A No						
Pump Required: □Yes □ No □ May be required based on final location and elevations of facilities						
Type of Water Supply: Community Public Well Distance from well Five Years Permit conditions: No expiration						
Automotive to the second secon						
Authorized State Agent:: Date: 3/04/2019 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 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 installed in accordance						
with the attached system layout.						
ISSUED TO: Byan Howell PROPERTY LOCATION: 3411 Galling Niver Nd. (521418) SUBDIVISION LOT # 52						
Facility Type: 361 30 × 60 51 Expansion Repair						
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No						
Type of Wastewater System** 3596 Ned Ltion 375. (Initial) Wastewater Flow: 360 GPD						
(See note below, if applicable □)						
Installation Requirements/Conditions Number of trenches						
Installation Requirements/Conditions Number of trenches						
Septic Tank Size 1000 gallons Exact length of each trench 60 feet Trench Spacing: Feet on Center						
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover:/ a inches						
Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed						
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)						
in all directions)						
Pump Requirements:ft. TDH vs GPMinches below pipe						
Aggregate Donth: A inches above aire						
Conditions: Four (4) 60s or Three(3) 753 w/ D-Box NA inches total						
VATER 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.						
(*) f applicable: I understand the system type specified is different from the type specified on the application I asset the artistic I asset the application I asset I as a second						
**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: Date:						
Uwner/Legal Representative Signature:						
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.						
Authorized State Agent:						
ANDREW COLOR Construction Authorization Expiration Date: 03/27/2024						

Harnett County Department of Public Health Site Sketch

ISSUED TO:	Bryan +	-lowell	PROPERTY LOCATON: 3411 SUBDIVISION	Oakridge	River Rd. (SA1418)
Authorized State	Agent:	ANDREW	CURAN N	Date:	03/24/2019

