Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 107 Scenic Way

| ISSUED TO: Ryan Thomas SUBDI | VICION 107 SCETTIC VVAY |
|---|--|
| NEW REPAIR EXPANSION | Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: SFD (41'x53') | site importantitis required prior to construction audiorization issuance. |
| Proposed Wastewater System Type: Conventional | |
| Projected Daily Flow: 360 GPD | |
| Number of bedrooms: 3 Number of Occupants: 6 max | |
| Basement Yes X No | |
| Pump Required: Yes No May be required based on final location a | |
| Type of Water Supply: Community Public Well Distance from Permit conditions: | |
| Terrine Conditions. | No expiration |
| | |
| Authorized State Agent:: RC125 | Date: 5/1/2019 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 hodies in meeting their requirements. This |
| site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit sha the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | all not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of |
| Construction | n Authorization |
| | r Building Permit) |
| The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and | d. 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: Ryan Thomas | OPERTY LOCATION: 107 Scenic Way |
| | BDIVISION LOT # |
| OFD //// FOI | Expansion Repair |
| Basement? Yes No Basement Fixtures? Yes No | , |
| Type of Wastewater System** Conventional | |
| (See note below, if applicable) | (Initial) Wastewater Flow: 360 GPD |
| 0 | (Repair) |
| Installation Requirements/Conditions Number of trenches 1 | ((RCPAII) |
| Septic Tank Size 1000 gallons Exact length of each tree | nch 200 feet Trench Spacing: 9 Feet on Center |
| Pump Tank Sizegallons Trenches shall be installe | |
| Maximum Trench Depth o | 200 W |
| (Trench bottoms shall be | the state of the s |
| in all directions) | above the trench bottom) |
| Pump Requirements:ft. TDH vsGPM | incher helevy nine |
| | Aggregate Depth:inches below pipe |
| Conditions: | inches total |
| | |
| VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. | OF SEPTIC SYSTEM OR REPAIR AREA. |
| *If applicable: 1 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: | D |
| his Construction Authorization is subject to revocation 11 the site plan, plat, or the intended use changes. The | Date: |
| onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Trea | transfruction Authorization shall not be transferred when there is a change in ownership of the site. This transferred and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH |
| provided that and south to senage treat | and beginning and to the conditions of this permit. |
| Authorized State Agent: | Dav. E/1/2010 |
| | |
| Lonstruction | Authorization Expiration Date: 5/1/2024 |

| HTE# | SFD | 903-0029 |
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| Permit # |
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Harnett County Department of Public Health Site Sketch

| Authorized State Agent: | PROPERTY LOCATON: 107 Scenic Way SUBDIVISION Date: 5 119 | LOT # |
|---|--|-------|
| # DRAIN FIELD AREA BOUNDED BY BLUE FLACGING * DRAIN LINES NOT FLACGED * SUROLY LINE MAY BE MOYED * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION | 20 170 170 170 170 170 170 170 170 170 17 | 564 |