## HTE#50 1904-0035 Harnett County Department of Public Health

30525

Improvement Permit

PROPERTY LOCATION
NEW   REPAIR   EXPANSION   Site Improvements required prior to Construction Authorization Issuance:  Type of Structure: System Type: 252 raluer   Projected Daily Flow: 460 GPD   GPD    Number of bedrooms: Number of Occupants: 8 max  Basement   Yes   No   May be required based on final location and elevations of facilities  Type of Water Supply:   Community   Public   Well   Distance from well   feet   Permit valid for: Five years
NEW   REPAIR   EXPANSION   Site Improvements required prior to Construction Authorization Issuance:  Type of Structure: System Type: 252 raluer   Projected Daily Flow: 460 GPD   GPD    Number of bedrooms: Number of Occupants: 8 max  Basement   Yes   No   May be required based on final location and elevations of facilities  Type of Water Supply:   Community   Public   Well   Distance from well   feet   Permit valid for: Five years
Proposed Wastewater System Type: 252 raduction  Projected Daily Flow: 480 GPD  Number of bedrooms: Number of Occupants: 8 max  Basement Yes 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 feet Permit valid for: Five years
Projected Daily Flow: GPD  Number of bedrooms: Number of Occupants: max  Basement Yes No May be required based on final location and elevations of facilities  Type of Water Supply: Community Public Well feet Permit valid for: Five years
Number of bedrooms: Number of Occupants: 8 max  Basement
Basement   Yes   No   No   Nay be required based on final location and elevations of facilities  Type of Water Supply:   Community   Public   Well   Distance from well   feet   Permit valid for:   Five years
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Parmit conditions:
Permit conditions: No avairation
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77745
Authorized State agent: Date: 5 10-15-19 SEE ATTACHED SITE SKETCH
Authorized State Agent:  Date: 5 10-15-19  SEE ATTACHED SITE SKETCH  The iturance of this page to the
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
<u>Construction Authorization</u>
(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: Mand ING STAN Horres PROPERTY LOCATION: 52/403 Conkersberry RD SUBDIVISION Carlon Rock LOT # 6
SUBDIVISION Cadan Rock 8 LOT # 6
Facility Type: Subdivision Repair
Basement?  Yes  No Basement Fixtures?  Yes  No
Type of Wastewater System** 25% ZSDUCTCO Systs (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable □)
252 REDUCTED (Repair)
Installation Requirements/Conditions   Number of trenches
Pump Tank Size 1200 gallons Trenches shall be installed on contour at a Soil Cover: F inches
Maximum Trench Depth of: 16-18 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
in all directions)
Pump Requirements:ft. TDH vs GPM inches below pipe
American Death 7 1 1 1 1
Conditions: Constructor to MEET ON STITE Prior to INSTRUCT 12 inches 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 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
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1 1 1245
Authorized State Agent: The & Markon Date: Date: 10-15-19

HTE# 340 1904-0035

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Marry 5 STAZ Homes SUBDIVISION Callon Rock LOT # 6
ISSUED TO: 1 (CRITICA) STAR Homes SUBDIVISION Carlon Rock 0 LOT # 6
Authorized State Agent. Date: 6 36 19 10-15-19
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