## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

|   | ION: 31 EISIE Buchanan Ln  |
|---|--|
|   | innamon Hills Lot # 2  |
| NEW REPAIR EXPANSION  | Site Improvements required prior to Construction Authorization Issuance:   |
| Type of Structure: SFD (45'x45')  |  |
| Proposed Wastewater System Type: 25% Reduction System   |  |
| Projected Daily Flow: 480 GPD   |  |
| Number of bedrooms: 4 Number of Occupants: 8 max  |  |
| Basement Yes No   |  |
| Pump Required: Yes 🛛 No 🔲 May be required based on final location and elevat  |  |
| Type of Water Supply: Community 🗵 Public 🗌 Well Distance from well  |  |
| Permit conditions:  | No expiration  |
|   |  |
| Authorized State Agent:: Date: 5  | /16/2010   |
| Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the buance of other permits. The permit   | /16/2019 SEE ATTACHED SITE SKETCH  |
| site is subject to revocation if the site plan, plat, or the intended use changes. The improvement Permit shall not be all the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | fected by a change in ownership of the site. This permit is subject to compliance with the provisions of   |
|   |  |
| Construction Aut  |  |
| (Required for Building  |  |
| The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are with the attached system layout.   | incorporated by references into this permit and shall be met. Systems shall be installed in accordance   |
|   |  |
| ISSUED TO: Steve Thomas PROPERTY  | LOCATION: 31 Elsie Buchanan Ln   |
| SUBDIVISION   | Cinnamon Hills LOT # 2   |
| Facility Type: SFD (45'x45') 🗵 New 🗌 Expansion  | on Repair  |
| Basement? Yes No Basement Fixtures? Yes No  |  |
| Type of Wastewater System** 25% Reduction System  | (Initial) Wastewater Flow: 480 GPD   |
| (See note below, if applicable )  | (Initial) Wastewater Flow.   |
| 25% Reduction System  | (Renair)   |
| Installation Requirements/Conditions Number of trenches 4   | (nepair)   |
|   |  |
| Septic Tank Size 1000 gallons Exact length of each trench 75  |  |
| Pump Tank Sizegallons Trenches shall be installed on cor  | 1000-100-100-100-100-100-100-100-100-10  |
| Maximum Trench Depth of: 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 vsGPM   | inches below pipe  |
|   | Aggregate Depth: inches above pipe   |
| Conditions: 18" trench depth on downhill side of trench.  | inches total   |
| VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SE  | PTIC SYSTEM OR REPAIR AREA   |
| IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.   | THE STATE OF THE PROPERTY OF T |
|   |  |
| *II 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:   | Date:  |
| his 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   |
| onstruction Authorization a 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   |
|   |  |
| Authorized State Agent:   | Date: <u>5/16/2019</u>   |
|   | ation Expiration Date: 5/16/2024   |
| Construction Authoriz   | and Explication butt. Of IO/EUET   |

| HTE# SFD1904-01 | 056 |
|-----------------|-----|
|-----------------|-----|

Permit #

LOT # 2

## Harnett County Department of Public Health Site Sketch

|  |       | Site Sketch |  |    |  |   |  |
|--|-------|-------------|--|----|--|---|--|
| Authorized State Agent:  |       |             | PROPERTY LOCATON: 31 ELSIE  SUBDIVISION CINNAMON H  CHS (GLIVER TOLKS 00 Date: 1 |    |  |   |  |
| 0  | ELSIE | Buc         | NANAN  | LN |  | 1 |  |
| DIETER FROM  SKETCH  **CALL WITH ANY  QUESTIONS PRIOR  TO INSTALLATION | ELSIE | DR->6       | 100°   |    |  |   |  |
|  |       |             |  |    |  |   |  |