

HTE# SFD 1905-0009

Harnett County Department of Public Health

30515

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Kathleen DINEO
 NEW REPAIR EXPANSION
 Type of Structure: SFD
 Proposed Wastewater System Type: 25% Reduction
 Projected Daily Flow: 240 GPD
 Number of bedrooms: 2 Number of Occupants: 4 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 50' feet
 Permit conditions: _____

PROPERTY LOCATION: 311452 Truelove RD
 SUBDIVISION _____ LOT # 4

Site Improvements required prior to Construction Authorization Issuance: _____

Permit valid for: Five years
 No expiration

Authorized State Agent: James E. Markham JR. RBWS Date: 5-30-19 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: KATHLEEN DINEO PROPERTY LOCATION: 311452 Truelove RD
 SUBDIVISION _____ LOT # 4

Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 240 GPD
 (See note below, if applicable 25% Reduction (Repair))

Installation Requirements/Conditions	Number of trenches <u>3</u>	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>70</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>24-18</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>4</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total
Conditions: _____		

**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

Authorized State Agent: James E. Markham JR. RBWS Date: 5-30-19
 Construction Authorization Expiration Date: 5-30-24

HTE# SFD 1905-0009

Permit # 30518

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATION: SR 1452 TRULOVE RD

ISSUED TO: KATHLEEN DINTO

SUBDIVISION _____

LOT # 4

Authorized State Agent: James E. Monahan SR RBAS

Date: 5-30-19

