30523

HTE# SFB 1905-0057 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION 501563 B. A LVery KD ISSUED TO: Southern Butt LLC SUBDIVISION NEW 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 250 Reduction Projected Daily Flow: ___ Number of bedrooms: Number of Occupants: Basement Yes ☐ May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:
Community Public Well Distance from well feet Permit valid for: Five years Permit conditions: ☐ No expiration 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. PROPERTY LOCATION: 51/1563 Bill Aveny RD
SUBDIVISION LOT # 4 Expansion Basement Fixtures? Yes No Basement? Yes _____ (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable Installation Requirements/Conditions Number of trenches ___ Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20 > 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. 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: 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: Date: 6-11-19 Construction Authorization Expiration Date: 6-11-24

HTE# SAD 1905- 0057

Permit # _____305 Z3

Harnett County Department of Public Health Site Sketch

ISSUED TO: Souther Built LC PROPERTY LOCATON: 50-1563 Bill 1	tvery AS	10T #	· U
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Authorized State Agent: Date:	6-11-19		- 12-27 - 22
Prop may Be Avoided.			

