App#<u>SFD1907</u> 0010

Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 8000 ("hystran Lica SUBDIVISION NEW X Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD Proposed Wastewater System Type: 1. Reduction Projected Daily Flow: __360 Number of bedrooms: Number of Occupants: (No. Basement Yes ☐ No Pump Required: Yes 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 Permit conditions: No expiration ____ Date: The issuance of this permit by the flealth 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. au womble TIT PROPERTY LOCATION: 8000 Christian Light Rd. SUBDIVISION Facility Type: SEP 386 New New Expansion Basement? Yes Basement Fixtures? Yes No. Type of Wastewater System** (Initial) Wastewater Flow: 360 GPD (See note below, if applicable 1) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Exact length of each trench __ Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: 18 (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. _____ inches below pipe Aggregate Depth: ______ inches above pipe 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: ____ 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 Construction Authorization Expiration Date: 7-31-

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Harnett County Department of Public Health

Site Sketch (SP#1412)
ISSUED TO: Ray Nomble II PROPERTY LOCATON: 8000 Christian Light Rd
Authorized State Agent: Date: 7-31-15
This drawing is for illustrative purposes only. istem installation must meet all pertinent laws, rules, andregulations.
Pump to 25%. Reduction Repair Area
Unsuitable
39' [69'
House Spring Dug
James de la company de la comp
Christian Light Rd.