## App#<u>SFD1907</u>-0013

## Harnett County Department of Public Health

Improvement Permit

i	A building permit cannot be issued with only an Improvemen	t Permit	11 11 5 5
ISSUED TO: WDSMITH CONST		NC HWM 42,	Hollyspan
NEW REPAIR EXPANSI	ON C	animal mineras Construction (Later)	LOT #
Type of Structure: SFD S5 x 5	or miprovements re	quired prior to Construction Authoriz	ration issuance:
	Tuction		
Projected Daily Flow:	100		
Number of bedrooms: 3 Number of Occu	pants: ( max		
Basement Yes No			
Pump Required: Yes No May be requ	uired based on final location and elevations of facilities		
	Well Distance from wellfeet	Permit valid for:	Five years
Permit conditions:			■ No expiration
5° M. 1	Lorens		
Authorized State Association	545-T Date: 8-7-15		CIED CIEC CHECK
	Date: 23-7-15  Intees the issuance of other permits. The permit holder is responsible for chi		CHED SITE SKETCH
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 own	ecking with appropriate governing bodies in n ership of the site. This permit is subject to co	neeting their requirements. This compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit.	L. Carrier and L. Car	, , , , , , , , , , , , , , , , , , , ,
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references	into this permit and shall be met. Systems sl	hall be installed in accordance
with the attached system layout.			
ISSUED TO: WD SMHD Const	11-C DRODERTY LOCATION: SIL	S NC HWHY	7
1330ED 10. 10 5 11 11 1 CC PT	CHAPTERIT LOCATION. OTT	5 NC HWY 4	LOT #
Facility Type: SFD SS' x 50'	SUBDIVISIONRepair		LUI #
	Reduction	/I :: 0 W	210 000
(See note below, if applicable )	PEGACIA	(Initial) Wastewater Flow: _	JGC GPD
Prince below, II applicable []	251. Reduction (Repair)		
Installation Requirements/Conditions	3		
1000	Number of trenches	1 9	
			eet on Center
Pump Tank Sizegallons	Trenches shall be installed on contour at a		ches
	Maximum Trench Depth of: 18 inches	(Maximum soil cover shall no	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottor	n)
	in all directions)		
Pump Requirements:ft. TDH vs	GPM		inches below pipe
		Aggregate Depth:	
conditions:			inches total
VATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R	REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
*If applicable: I understand the system type specified	is different from the type specified on the application.	I accent the energifications of the	ii
" appreasie. I anderstand the system type speemed	is uncreal from the type specified on the application.	r accept the specifications of this	s permit.
Owner/Legal Representative Signature:		Data:	
	plat, or the intended use changes. The Construction Authorization shall not b	Date:	erchin of the cite. This
onstruction Authorization is subject to compliance with the provisions o	f the Laws and Rules for Sewage Treatment and Disposal and to the condition		TACHED SITE SKETCH
	A EP PCHS	, ce n	
Authorized State Agent: 2002 MA	Date:	Q-7-K	
Mallorized State (Agent.	CK Construction Authorization Expiration D		_
e your	CHS-L CONSTRUCTION AUTHORIZATION EXPIRATION D	alt. 0 1-67	

HTE#5	FD	190	7-00	013
				110

Permit #	!
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## Harnett County Department of Public Health Site Sketch

	SITE SHOWI	
ISSUED TO: WD SMITH	Const. LLC SUBDIVISION	442, Holly Springs
Authorized State Agent: Radd	2 Markon SPR Date:	8-7-15
This drawing is for	illustrative purposes only. Si	Istem
Installation must	meet all pertinent laws, ru	les, and regulations.
	180, ZS. ZS. Zeduction Report Plane Plane 25. ZS. Deposit Report 25. ZS. Deposit Report 25. ZS. ZS. ZS. ZS. ZS. ZS. ZS. ZS. ZS. ZS	3