Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: 85 Benton Form way (Tyles Davas LA.)
NEW REPAIR EXPANSION SUBDIVISION JOAGNE EIZELECK HOTE LOT # ICB
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 3-Bedicoin 851 x 741 ST
Proposed Wastewater System Type: 25% nedoction 273.
Projected Daily Flow: 366 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement 🔲 les 🗡 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 Feet Permit valid for:
Permit conditions: No expiration
Authorized State Assets 7 11 20 2019
Authorized State Agent: Date: 40/31/2019(A1C) SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Denattment in no way quarantees the suppose of other parties. The control of the permit by the Health Denattment in no way quarantees the suppose of other parties.
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.
MICHES TO DELOS !!
SUBDIVISION Jaconne Elizabeth Holle 101# 160
Facility Type: 352 89×74 575 New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System**
(See note below if poplicable 1)
25%- ALL CONVERTIONAL GRAVE
Installation Requirements/Conditions Number of trenches 3 W/ 400 FT (THEE(3) 135 FT)
Suit 1 5 1000 1000 1
Pump Tank Size
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions)
Pump Paguiraments 4 TOU COM
inches below pipe
Continue of the state of the st
Dackhae pit evaluation (A)
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:
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
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.
Authorized State Agent: Date: Polisi / 2019
ANDREW CONSTRUCTION Authorization Expiration Date: 10/31/3004 11/20/2024
1 100 100 04

Harnett County Department of Public Health Site Sketch

