## Harnett County Department of Public Health

Improvement Permit

A building	permit cannot be issued with only an Improvement Permit
KEUED TO A A A A A A A A A A A A A A A A A A	PROPERTY LOCATION: 85 Benton Form Way (Tyles David La.) SUBDIVISION JOANNE Elected Holle 101 # 105
NEW REPAIR EXPANSION	
Type of Structure: 3-Bedroom 89 x 741	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% nedocetic	- Σ <sub>1</sub> 5.
Projected Daily Flow: 366 GPD	
Number of bedrooms: Number of Occupants:	Cmax
Basement Ves No	
	d on final location and elevations of facilities
Type of Water Supply: Community Public W	
Permit conditions:	No expiration
// //	
Authorized State Agent::	Date: 10/31/2019 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is	suance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This elemprovement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
	Construction Authorization
	(Required for Building Permit)
A STATE OF THE STA	.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:	5~1483
ISSUED TO: Danny R. Vocannon	PROPERTY LOCATION: 85 Berton Faston way (Tyles Dews Le
	SUBDIVISION Jacone Elizabeth Holle LOT# 160
Facility Type: 382 89×74 SFS	New Expansion Repair
Basement? Yes No Basement Fixtures?	
	reduction System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	O CONTRACTIONAL CONTE
25% (ledo)	
Installation Requirements/Conditions Numb	er of trenches 3
Septic Tank Size 1000/1200 gallons Exact	length of each trench
	nes shall be installed on contour at a Soil Cover:inches
Maxim	um Trench Depth of:inches (Maximum soil cover shall not exceed
(Trend	h bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all	directions)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: A inches above pipe
Conditions: Additional depth was	If be approved use MA 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 F	
**If applicable: 1 understand the system type specified is diffe	rent 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:	Date: 10/31/2019
ANDIE COOL	Construction Authorization Expiration Date: 10/31/2024

## Harnett County Department of Public Health Site Sketch

