## Harnett County Department of Public Health

## Improvement Permit

	ot be issued with only an Improvement Permit PROPERTY LOCATION: 1585 Oakridge River Road (SR 1418)
ISSUED TO: William Myers	SUBDIVISION
NEW REPAIR EXPANSION Type of Structure: 86x52 (3bed/3 baths)	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction Sys.  Projected Daily Flow: 360 GPD	
Basement Yes No	nax
Pump Required: Tes No May be required based on final lor Type of Water Supply: Community Public Well Distance Permit conditions:	
12	
Authority Company of the State	D. CO9/11/202
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Date: SEE ATTACHED SITE SKETCH permits. The permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
	ction Authorization
	ired for Building Permit)
The construction and installation requirements of Rules 1930, 1952, 1954, 1955, 1956, 1957, with the attached system layout.	1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: William Myers	PROPERTY LOCATION: 1585 Oakridge River Road (SR 1418)  SUBDIVISION LOT # 5R
Facility Type: 86x52 (3bed/3 baths) New	Expansion Repair
	□ No
Type of Wastewater System** 25% Reduction System	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	
25% Reduction System	(Repair)
Installation Requirements/Conditions Number of trenchi	<u> 4</u>
·	ch trench 75feet
	installed on contour at a Soil Cover: 12 inches
Maximum Trench	
·	nall be level to +/-1/4" 36" above the trench bottom)
in all directions)	NIA
Pump Requirements:ft. TDH vsGPM	NA inches below pipe
Conditions: Gravity to D-Box; Do NOT backfill with	Aggregate Depth: NA inches above pipe
Conditions: Clavity to B-Box, Bo NOT Backill With	n large rock NA 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:	Date:
	anges. 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: 09/11/2020
AND TOUR CULTUN CONSTRU	ction Authorization Expiration Date: 09/11/2025

## Harnett County Department of Public Health Site Sketch

