Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 2242 COLESBURY REASS (51403 ISSUED TO: JOSHUA CANINZOS NEW 🔯 EXPANSION REPAIR | Site Improvements required prior to Construction Authorization Issuance: 3-BESTIGON 84'X60' STD 25% respection 550 Proposed Wastewater System Type: Projected Daily Flow: 360 3 Number of Occupants: ___ Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes No Type of Water Supply: Community Public Well Distance from well A feet Eive years Permit valid for: ■ No expiration Permit conditions: SEE ATTACHED SITE SKETCH Authorized State Agent:: 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. PROPERTY LOCATION: 2242 CONESSOUT TOAD (5-1403) ISSUED TO SHUA CAUINESS SUBDIVISION Facility Type: 3-B2 84'x 60' SB TKNew Expansion Basement? Yes No Basement Fixtures? Yes 25% REDUCTION STOTEM (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable) 25% LEDUCTION STSTEM (Repair) Number of trenches 3 Installation Requirements/Conditions Exact length of each trench 90 Septic Tank Size 1000 gallons Pump Tank Size _____gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) NA inches below pipe Pump Requirements: ______ft. TDH vs. __ > inches above pipe Aggregate Depth: GRAVITY TO D-BOX EGUAL DISTRIBUTION REGULAD 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 SEE ATTACHED SITE SKETCH 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. January 12 Date: 08/11/2021 Authorized State Agent: Construction Authorization Expiration Date: 08/11/2026 ANDREWS CORRINO

Harnett County Department of Public Health Site Sketch

