Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit		
	5x1771,01D Hamilton 7D	
NEW REPAIR EXPANSION Site In	nprovements required prior to Construction Authorization Issuance:	
Proposed Wastewater System Type: Low Profile Chamber		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants:max Basement Yes No		
Pump Required: Tes No May be required based on final location and elevations of		
Type of Water Supply: Community Public Well Distance from well 50 Permit conditions:	feet Permit valid for:	
2.1 / IEL REHS		
Authorized State Agent:: Date:	6-27-73 SEE ATTACHED SITE SKETCH	
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 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.		
ISSUED TO: Tenurale Micali PROPERTY LOCATE SUBDIVISION	110N: 54/77601D Hamilton 120)	
Facility Type: New Expansion	Repair	
Recoment? T Yes IV No Recoment Fivtures? T Yes TVNo		
Type of Wastewater System** Low Protetts CHamber	(Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable) Low Paofele (Approper (Repair)		
Installation Requirements/Conditions Number of trenches 3 o A	44	
Septic Tank Size 1000 gallons Exact length of each trench	100 feet Trench Spacing: Feet on Center	
Pump Tank Size / OOO gallons Trenches shall be installed on contour	1 . 1	
Maximum Trench Depth of: 8	(Maximum soil cover shall not exceed	
(Trench bottoms shall be level to +/-	1/4" 36" above the trench bottom)	
in all directions) Pump Requirements: ft. TDH vsGPM	inches below pipe	
Pump Requirements:ft. TDH vsGPM	Aggregate Depth: 2 inches above pipe	
Continued to meet onset puon to Ins	Pen System 12 inches total	
WATER LINES (INCLUDING IRRIGATION) MILET DE LOET EROM ANY DART OF CERTIC CYCTEM OR DEDAID AREA		
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:	
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		
d 11 1 ROTHS		
Authorized State Agent. Date: 6-27-23 Construction Authorization Expiration Date: 6-27-28		

Application # 5FD 2305-012(

Harnett County Department of Public Health Site Sketch

Property Location: SU1776 OID Hamilton 720	
Issued To: Jewisten Miceli Subdivision_	Lot #
S 11 1 DE PRIE	Date: <u>6-27-73</u>
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The state of the s	1861
58 1776 010 Armifton PD	

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.