Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Azzeo layton Hones INC ISSUED TO: SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: DWMH Type of Structure: Proposed Wastewater System Type: ST+PT to Brate Systa.

Projected Daily Flow: 300 GPD Number of Occupants: 6 People Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes Five years Type of Water Supply: Community Public Well Distance from well _______feet Permit valid for: No expiration Permit conditions: Authorized State Agent::

Date: 7-26-23

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 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. ISSUED TO: Clayton Ames Inc. PROPERTY LOCATION: Heg 210/ Basement? Yes No Basement Fixtures? TYes TNo ST + PT to Braisty System (Initial) Wastewater Flow: 360 Type of Wastewater System** (See note below, if applicable) 50% insperin Number of trenches Installation Requirements/Conditions _feet Trench Spacing: _____ Feet on Center Septic Tank Size 1000 gallons Exact length of each trench So Trenches shall be installed on contour at a Soil Cover: By inches Pump Tank Size ______ gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 690 (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ____ 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. Date: 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. ANNAN Date: 7-26-23

Construction Authorization Expiration Date: 7-26-29 Authorized State Agent

Harnett County Department of Public Health Site Sketch



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