Harnett County Department of Public Health

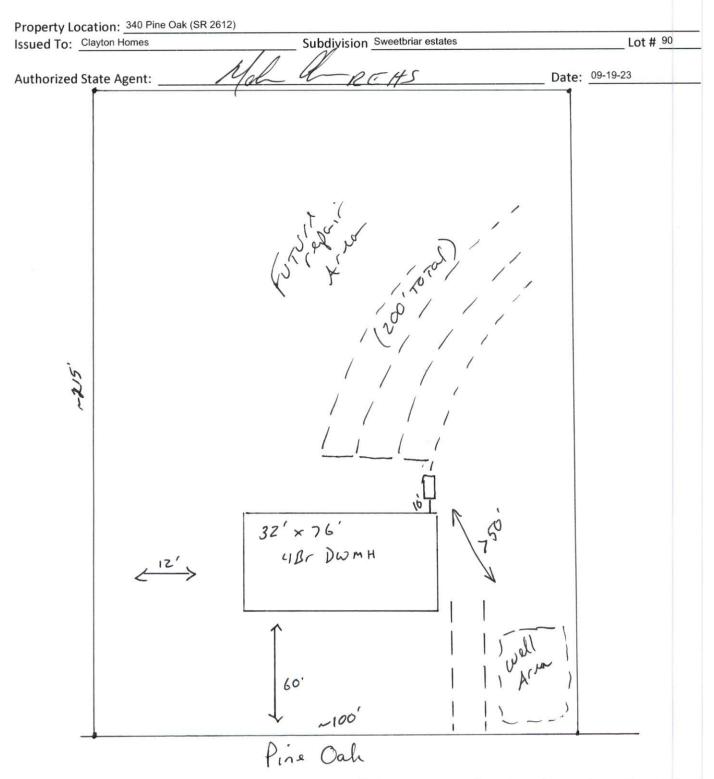
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 340 Pine Oak (SR 2612)

ISSUED TO: Clayton Homes	SUBDIVISION Sweetbriar es		LOT # 90
NEW REPAIR EXPANSION		equired prior to Construction Authorization	
Type of Structure: 32'x76' DWMH			
Proposed Wastewater System Type: 25% reduction			
Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8			
production of the second secon	max		
Basement Yes X No	al landing and decisions of facilities		
	nal location and elevations of facilities	Permit valid for:	Five years
Type of Water Supply: Community Public Well			No expiration
			I No expiration
	Date: 09-19-23	SEE ATTACHED	
The issuance of this permit by the Health Department in no way guarantees the issuance of site is subject to revocation if the site plan, plat, or the intended use changes. The Improv			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ment remin shan not be anetted by a change in on	nership of the site. This permit is subject to compile	ance with the provisions of
Cor	struction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, with the attached system layout.	1957, 1958, and 1959 are incorporated by reference	is into this permit and shall be met. Systems shall b	e installed in accordance
ISSUED TO: Clayton Homes	PROPERTY LOCATION: 340	Pine Oak (SR 2612)	
	SUBDIVISION Sweetbria	ar estates	LOT # 90
Facility Type: 32'x76' DWMH	ew Expansion Repair		
Basement? Yes No Basement Fixtures? Ye			
Type of Wastewater System** 25% reduction		(Initial) Wastewater Flow: 480	GPD
		(IIIIIai) Wastewater Flow	010
(See note below, if applicable □) 25% reduction	(Renair)		
	(Repair)		
Installation Requirements/Conditions Number of			
0	of each trench 200 feet	Trench Spacing: 9 Feet	
8	ll be installed on contour at a	Soil Cover: 6inches	
Maximum T	ench Depth of: 18–24 inches	(Maximum soil cover shall not ex	xceed
(Trench bot	oms shall be level to +/-1/4"	36" above the trench bottom)	
in all direct	(ano		
Pump Requirements:ft. TDH vsGPM	,		inches below pipe
		Aggregate Depth:	-
Conditioner			inches total
Conditions:			menes total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	M ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD			
**If applicable: [understand the system type specified is different in	om the type specified on the application	n. I accept the specifications of this p	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 no	t be transferred when there is a change in ownershi	ip of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Ru	s for Sewage Treatment and Disposal and to the cond	litions of this permit. SEE ATTAC	CHED SITE SKETCH
11 11			
Authorized State Agent: Mal A CHI Date: 09-19-23			
Construction Authorization Expiration Date: 09-19-28			
Construction Authorization Expiration Date: 09-19-20			

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.