HTE# 06-500 15828 Har t County Department of Public mealth 23244

Improvement Permit

A building permit cannot be issued with only an improvement Permit
PROPERTY LOCATION: 1/08
ISSUED TO: Regency Homes SUBDIVISION YORKShine Plantation LOT # 119
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO (56x 45) 3 BR
Proposed Wastewater System Type: 25% Red-ction System
Projected Daily Flow: 365 GPD ———————————————————————————————————
Number of bedrooms: 3 Number of Occupants: 6 max
Basement Yes X No
Pump Required: Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well Five years
Permit conditions: Mcc+ on the for Final Lagort Maintain All Set Backs No expiration
STAG OUT OLOGICA STAGES THE PROPERTY OF THE EXPIRATION
STUB out Plumbing shallow
Authorized State Agent:: Dec Date: 10-16-05 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: Regency Homes PROPERTY LOCATION: 1108
SUBDIVISION YORKI hire Plantation LOT # //9
Facility Type: SFO (56x45) 3 BR New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 25% Red. 55, to (Initial) Wastewater Flow: 365 GPD
(See note below, if applicable □)
LIP - 240 LF (Repair)
Installation Requirements/Conditions
Installation regularities contrains
Septic Tank Size 1000 gallons Exact length of each trench 1x150 feet Trench Spacing: 9 Feet on Center
Maximum Trench Depth of: 18 24 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements: ft. TDH vs GPM inches below pipe
Aggregate Depth: inches above pip
Conditions: inches total
**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
Authorized State Agent: Date: 10/16-06
Construction Authorization Expiration Date: 1014-2011

Harnett County Department of Public Health Site Sketch

