Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: TWIN FIELDS ISSUED TO: LELAND BUILDERS SUBDIVISION AUSTIN FARMS NEW 🔯 REPAIR 🗆 EXPANSION Site Improvements required prior to Construction Authorization SFD (52'x69') Type of Structure: CONVENTIONAL Proposed Wastewater System Type: GPD Projected Daily Flow: 3 Number of Occupants: 6 max Number of bedrooms: Basement □Yes **∑**/No X No Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well 100 feet Permit valid for: Permit conditions: es Date: 2)13/07 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 government. 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 ownershi 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 installed in accordance with the attached system layout. PROPERTY LOCATION: Twin Fields
SUBDIVISION AUSTIN FARMS ISSUED TO: LEZAND BUILDERS SFD (521/68) **⋈** New ☐ Expansion ☐ Repair ≥ No Basement? Yes Basement Fixtures?

Yes Wastewater Flow: 360 GPD CONVENTIONAL (Initial) Type of Wastewater System** (See note below, if applicable CONVENTIONAL Installation Requirements/Conditions 3 TRENCHES Exact length of each trench 100 feet Trench Spacing: ______ Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 12 Maximum Trench Depth of: 22 inches (Maximum soil cover shall not ex (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. GPM Aggregate Depth: __ & I understand the system type specified is different from the type specified on the application. I accept the specification 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 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 1 Date: 2/13/07 Authorized State Agent: _ Construction Authorization Expiration Date: 213/12

Harnett County Department of Public Health Site Sketch

