HTE# 07-5-18415R

## Harnett County Department of Public Health 24511 <a href="mailto:lmprovement Permit">lmprovement Permit</a>

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOC	CATION:		
ISSUED TO: ONE CM HOMES		BALLARD WOODS	1	LOT # ] 3
NEW REPAIR D EXPANSI	ON 🗆	Site Improvements required	prior to Construction Author	rization Issuance:
Type of Structure: SED (65×52)	The state of the s			
Proposed Wastewater System Type: Pump To 20	STAREDUCTION			
Projected Daily Flow: 360 GPD	C			
Number of bedrooms: 3 Number of Occu	upants: max			
Basement Yes No				
Pump Required: 🖎 es 🗆 No 🗆 May be requ	uired based on final location and elev	vations of facilities		
Type of Water Supply:  Community Public	□ Well Distance from well _	10 0 feet	Permit valid for:	Five years
Permit conditions:				∩ No expiration
Authorized State Agent::	RS Date:	rol81/21	err in	
The issuance of this permit by the Health Department in no w	Date:	id 1010 1	Set All	TACHED SITE SKETCH
their requirements. This site is subject to revocation if the site	nlan plat or the intended use changes	The Improvement Permit shall no	He for checking with appropriat	te governing bodies in meeting
permit is subject to compliance with the provisions of the Law	s and Rules for Sewage Treatment and Di	isposal and to conditions of this n	ermit	whership of the site. This
	0	,	***************************************	
	Construction Au	uthorization		
<u> </u>	(Required for Build			
The construction and installation requirements of Rules .1950, installed in accordance with the attached system layout.	.1952, .1954, .1955, .1956, .1957, .1958	and 1959 are incorporated by	references into this permit and	shall be met. Systems shall be
ISSUED TO: OAK Crsy Homes	DDADENT	TV LOCATION.		
1330ED 10. OTTE C137 11047E		Y LOCATION:		
Facility Type: <u>SFD (60°×52°)</u>	ZORDIAIZ	ION BALLARO W	0003	LOT # <u>"]3</u>
		nsion 🗌 Repair		
	ktures?  Yes  No	<b>5</b> ( )		
Type of Wastewater System** Pump To 35	10 KEDUGION (Initial)	Wastewater Flow: 360	<u> </u>	
(See note below, if applicable □)				
LPP		(Repair)		
Installation Requirements/Conditions				
	1. 1	reench		
Septic Tank Size 1000 gallons	Exact length of each trench	<u>300</u> feet Trei	nch Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on			inches
•	Maximum Trench Depth of:	m .	Maximum soil cover shall	
	(Trench bottoms shall be level	,	36" above the trench bot	
	in all directions)	. , ,	To above the Bench bot	tomy
Pump Requirements:ft. TDH vs				inches heleus nine
1. 151 13.	UT II	<b>.</b>		inches below pipe
Conditions:		Agg		inches above pipe
Conditions:	4.7			inches total
**If applicable: I understand the system ty	vpe specified is different from the	type specified on the applic	cation. I accept the specifi	ications of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:	e plan, plat, or the intended use change	s. The Construction Authorization s	shall not be transferred when t	here is a change in ownership
of the site. This Construction Authorization is subject to complian	nce with the provisions of the Laws and	Rules for Sewage Treatment and E	Disposal and to the conditions of	of this permit.
			SEE ATT	ACHED SITE SKETCH
Authorized State Agent:	11/1/1/ 62	Date:12	4 18/07	
3	Construction Author	rization Expiration Date:	12/18/12	
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Permit # 24511

## Harnett County Department of Public Health Site Sketch

