HTE#<u>08-5-19604</u>

## Harnett County Department of Public Health

24711

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: Will		
155UED TO: Accent Home Builders	SUBDIVISION CAROLING		LOT # 37
NEW X REPAIR □ _ EXPANSION □		ents required prior to Constructio	
Type of Structure: SED (44'x36')	F		
Proposed Wastewater System Type: 1000 MINE			
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement □Yes ⋈ No			
Pump Required: 🗆 Yes 🗆 No 🔀 May be required based on final	location and elevations of facilitie	S	
Type of Water Supply:   Community Public   Well Dist	tance from well 100 fe	eet Permit vali	d for: 🔀 Five years
Permit conditions: System BASED ON Pageos	x FROM APPLICANT	IS SOIL CONSULTANT	☐ No expiration
Authorized State Agent::	Date: 4708		SEE ATTACHED SITE SKETCH
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 Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	her permits. The permit holder is responsib nt Permit shall not be affected by a chango	ole for checking with appropriate governing in ownership of the site. This permit is	g bodies in meeting their requirements. This subject to compliance with the provisions of
Const	truction Authorizatio	<u>on</u>	
	lequired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	57, .1958. and .1959 are incorporated by n	references into this permit and shall be m	et. Systems shalf be installed in accordance
155UED TO: ACCENT HOME BUILDERS	PROPERTY LOCATION:	WILL LUCAS R	Q
	SUBDIVISION CARO	LINA OAKS	LOT # <u>37</u>
Facility Type: 5FO (44'236') New	Expansion 🗆 I	Repair	
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes		•	
Type of Wastewater System**   NHOVATIVE	•	(Initial) Wastewate	r Flow: 360 GPD
(See note below, if applicable	***************************************	(	
_ INNOVATIVE	(Repair)		
Installation Requirements/Conditions Number of tree			
· ·		feet Trench Spacing:	Feet on Center
		, ,	
,	be installed on contour at a	Soil Cover:&\_	VIII.
	ch Depth of: <u>36                                    </u>	1	
· ·	s shall be level to +/-1/4"	36" above the tre	nch bottom)
in all direction	s) .		
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:		<b>.</b>	inches total
***************************************			
**If applicable: I understand the system type specified is different from	the type specified on the appli	lication. I accept the specificati	ons of this permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	e changes. The Construction Authorization sl	hall not be transferred when there is a c	nange in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules fo	r Sewage Treatment and Disposal and to th	ne conditions of this permit.	SEE ATTACHED SITE SKETCH
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And wind Court of the Market of the Court of	_	1 1 -	
Authorized State Agent:	D5	Date: 4/7/08	

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Permit # 2471)

## Harnett County Department of Public Health Site Sketch

