HTE # $\underline{Oq} - \underline{S} - \underline{Z1519}$ Harnett County Department of Public Health 25122 Improvement Permit A building permit cannot be issued with only an Improvement Permit ISSUED TO: Signature SIDRS SUBDIVISION SubDivision SubDivision Lot # 3 NEW T REPAIR EXPANSION EXPANSION Site Improvements required prior to Construction Authorization Issuance: PROPERTY LOCATION: 512 1811 BUD HOWKEN'S RD Type of Structure: ____ SFD Proposed Wastewater System Type: 25%126 DOCTON System Projected Daily Flow: <u>360</u> GPD Number of bedrooms: Y____ Number of Occupants: _____ max I No Basement 🗆 Yes \blacksquare May be required based on final location and elevations of facilities Pump Required: 🗆 Yes 🔅 No Type of Water Supply: Community Yeublic Well Distance from well _____ feet Permit valid for: Five years Permit conditions: □ No expiration Authorized State Agent: _____ Among May hont with Date: _____ 2-11-09 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. Fome BIDKS PROPERTY LOCATION: SUBJECT BUD HAWKENS SUBDIVISION Concerning Control LOT # 3 New Expansion Repair ISSUED TO: Signature Home BIDKS Basement? 🔲 Yes No No Basement Fixtures? Yes No No Type of Wastewater System** 25% REDUCTOD System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) 25% TEDUCION Suster (Repair) Number of trenches 4 Installation Requirements/Conditions Trench Spacing: _____ Feet on Center Soil Cover: _____ inches Septic Tank Size 1000 gallons Exact length of each trench <u>90</u> feet Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: ______ Marinches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM Conditions: <u>STUB PlumBING OUT ABOVE GRADE to Accomposite</u> IZ inches below pipe 18" DITZH DEPTHS (SHAllON). **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 Auth	norization shall not be transferred when there	is a changes in surgership of the size This
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0	Construction Authorization	Expiration Date:	2-11-09	

