25867

## HTE#09-5-23509

## Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be issued v	with only an Improvemen	nt Permit	
ISSUED TO: WATERMARK HOMES	PROPERTY LO	CATION: PONDEC	205A KO	
NEW REPAIR THE EXPANSI	THE ZORDIAISION			rot # 857
NEW S REPAIR ロスタダアANSI	ON L	Site improvements re	equired prior to Construction Auth	iorization Issuance:
Proposed Wastewater System Type: Coment	JANL			
Projected Daily Flow: 360 GPD	The state of the s			
Number of bedrooms: Number of Occi	ipants: <u>6</u> max	CASSA A CASSA CASA		
Basement Yes X No				
Pump Required: ☐Yes ☐ No May be req	uired based on final location and ele	vations of facilities		
Type of Water Supply:  Community Public Permit conditions:	☐ Well Distance from well _		Permit valid for:	🔀 Five years
Terrine conditions.			W	No expiration
Authorized State Agent::	RENS Date:	1/22/10	(EE V.	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The perm	nit holder is responsible for ch	hecking with appropriate governing hodies	in mosting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not b	e affected by a change in owr	nership of the site. This permit is subject	to compliance with the provisions of
	ns or uns perint			
	Construction A	uthorization		
The construction and installation requirements of Rules .1950, .1952,	<u>Required for Buil)</u> 1954, 1955, 1956, 1957, 1958, and 1959	are incorporated by references	r into this narmie and shall be more forest	maraballi ka Sasadta A.S
with the attached system layout.	1737 1738 and 1737	are incorporated by references	mio tins permit and shan be met. System	ns snaw be installed in accordance
ISSUED TO: WATERMARK HOMES	INC. DECERT	TV LOCATION O.		
BOOLD TO: THE BATTER TOTAL		TON CONTRACT	NDEROSA RO	
Facility Type: SFO (40×38)			a Seasons	F01 # <u>85</u>
		nsion 🗆 Repair		
Type of Wastewater System**	time to the		(I_(a)_0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	360 000
(See note below, if applicable [])			(Initial) Wastewater Flow:	: GPD
Convers	IONAL	(Repair)		
Installation Requirements/Conditions	Number of trenches 3	(перап)		
Septic Tank Size 1000 gallons	Exact length of each trench	50 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on		Soil Cover: 12	inches
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level		36" above the trench bo	
	in all directions)		Jo above the trenen bo	ttonij
Pump Requirements:ft. TDH vs			6	inches below pipe
	,		Aggregate Depth: 🔲 🔾	inches above pipe
Conditions: WASER LINE MUST BE MAY ENCROPED ON INITIO	10 From SEPTIC	System. No	UTILITIES	inches total
MAY Encroaced On INITI	M OR REPAIR AREA:	ś.		merco total
**If applicable: / understand the system type specified	is different from the type specifi	ied 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,	olat, or the intended use changes. The Constru	iction Authorization shall not b	oe transferred when there is a change in o	ownership of the site. This
Construction Authorization is subject to compliance with the provisions o	the Laws and Rules for Sewage Treatment ar	nd Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
			1 \	ALL MACRITY I BE DESIGNATION OF THE PARTY OF
Authorized State Agent:	RENS	Date:	1/22/10	
	Construction Author	rization Expiration D	ate: 1 22 15	

HTE# 09-5-23509	
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Permit # <u>25867</u>

## Harnett County Department of Public Health Site Sketch

ISSUED TO: WATERMARY HOMES INC	PROPERTY LOCATON: PONDEROSA RD SUBDIVISION CAROLINA SGASONS	rol # <u>8</u> 2
Authorized State Agent:	ENS COLIVER TOLKSOORFDate: 1 22/10	
A DON - SARA MANUE FINZA A DON	101'  CONVENTIONAL  152'  40'×38'  31'  36'  31'	