25869

HTE# 09-5-23510

Harnett County Department of Public Health

Improvement Permit

	w panding betuit cannot be issued w	ith only an Improvemen	nt Permit	
SSUED TO: MATERIARY HOMES INC SUBDIVISION CARDLINA SEASONS LOT # 84				
NEW REPAIR THE FYPAN	SION SION	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: SFO (46 x44)		me improvements r	equired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: Pume To	CONVENTIONAL			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Oct	cupants: 6 max			
Basement □Yes ☒ No				
Pump Required: □Yes □ No ☒ May be re	quired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from well	t 00 feet	Permit valid for:	Triva vaces
Permit conditions:	-		remat vand tot.	Five years No expiration
)	— no expiration
Authorized State Agent::	REHS Date:	12710	SEF ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua- site is subject to revocation if the site plan plat or the intended us	rantees the issuance of other permits. The permi	t holder is responsible for ch	and the control of the control of	
site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condit	t clianges, the imployed lent retinit (nam not no	affected by a change in own	nership of the site. This permit is subject to	compliance with the provisions of
	ons of this permit.			
		E .		
	Construction Au	thorization		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout	.1954, .1955, .1956, .1957, .1958, and .1959 at	re incorporated by references	into this permit and shall be met Systems	shall be installed in accordance
7,550				shall be instance in accordance
ISSUED TO: WATERMARK HOMES	lac neoncorn	1004TION P.		
	PRUPERIT	LUCATION: TO	MDEROSA PRAIL	
Facility Type: SFD (46 ×44)	ZORDIAIZIO	IN <u>LACOLIN</u>	a Seasons	LOT # <u>~84</u>
	New 🗆 Expans	ion 🗌 Repair		
Basement? Yes No Basement Fi	xtures? Tyes No			
Type of Wastewater System** Pune To	CONTENSIONAL		(Initial) Wastewater Flow:	36° GPD
(See note below, if applicable □)			. ,	
Pump 1	CONVENTIONAL	_(Repair)		
instanation reduitements/ conditions	Number of trenches	,		
Septic Tank Size 1000 gallons	Exact length of each trench	75 feet	Trench Spacing:	Faat on Contar
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on co			
0	Maximum Trench Depth of: _ 🔾			nches
	(Trench bottoms shall be level to		(Maximum soil cover shall n	
	in all directions)) +/-1/4	36" above the trench botto	om)
Pump Requirements:ft. TDH vs	III WII MILECTIONS)		,	
Tamp requirementsII. IDN VS	GPM		<u> </u>	inches below pipe inches above pipe
Conditions \1 Co	35/	٤	Aggregate Depth:	inches above pipe
Conditions: WATER LINE MUST B	2 10 From DEPTIC -	yatem.	1,3	inches total
**If applicable: / understand the system type specified	d is different from the type specified	d on the application.	I accept the specifications of the	his narmit
,	7, 7	The same approximation.	, accept the speemeations of the	ns pernint.
Owner/Legal Representative Signature:			Data	
This Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construct	on Authorization shall not be	Date:	
construction Authorization is subject to compliance with the provisions	of the Baws and Rules for Sewage Treatment and	Disposal and to the condition		
The state of the s	The real state of the state of	suppose and to the condition	as or this permit. SEE A	TTACHED SITE SKETCH
Authorized State Agent:	· · · · · · · · · · · · · · · · · · ·	_	1.1.	
Authorized State Agent: Construction Authorization Expiration Date: 1 27 16 Construction Authorization Expiration Date: 1 27 15				
	Construction Authoriz	ation Expiration Da	ite: 1/27/15	

Harnett County Department of Public Health Site Sketch

