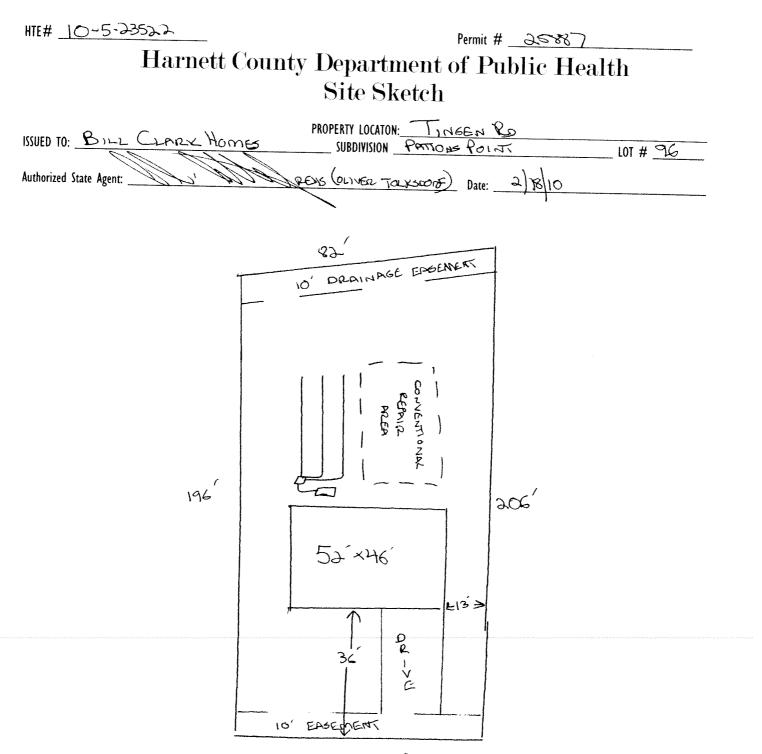
Harnett County Department of Public Health Improvement Permit

HTE#10-5-25522

25887

	A building permit cannot be issued		Ω.	
ISSUED TO: BILL CLARX HOM		CATION: TINGE	<u></u>	
		MANOAS	POINT	LOT # <u>96</u>
Type of Structure: SED (52-X46)		Site Improvements	required prior to Construction Author	ization Issuance:
Proposed Wastewater System Type:				
Projected Daily Flow:GOGPD				
Number of bedrooms: <u>Number of Occu</u>	nantri G mui			
Basement Yes No	pants. <u> </u>			
Pump Required: 🗆 Yes 🗀 No 🔀 May be requ	ired based on final location and eli	wations of facilities		
Type of Water Supply: 🗆 Community 🔀 Public	Well Distance from well	100 foot	Dennite on F. L. C	X
Permit conditions:			Permit valid for:	Five years
he is				No expiration
Authorized State Agent::	REMS Date:	2 18 10	CEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use	ntees the issuance of other norming. The new	the ball of the second second second	1 14 AL	
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition		e affected by a change in ow	mership of the site. This permit is subject to	compliance with the provisions of
the tars and totes for sewage freatment and Disposal and to condition	is of this permit.			. ,
	<u>Construction</u> A	uthorization		
	(Required for Buil	ding Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959	are incorporated by reference	s into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: BILL CLARK HOMES	PROPER	7/ (ACATION	~ 0	
		Y LOCATION:	INCEN KO	
Facility Type: 550(52×46)	ZURDIAIZ		POINT	LOT # <u>_%</u>
Parameter View Dr. H. D. H.	🛛 New 🛛 Expa	nsion 🗆 Repair		
Basement? Yes No Basement Fixt	•			
Type of Wastewater System** CONVENTION	ONAL		(Initial) Wastewater Flow: _	300 GPD
(See note below, if applicable 🗆)			()	
	NAL	(Repair)		
Installation Requirements/Conditions				
Septic Tank Size 1000 gallons	Exact length of each trench	50 feet	Trench Spacing: <u>9</u>	East on Conton
Pump Tank Size gallons	Trenches shall be installed on	onfour at a	Soil Cover: <u>8 - 18</u> in	reet on Center
			(Maximum soil cover shall no	icnes
	(Trench bottoms shall be level			
		10 -1/4	36" above the trench botto	m)
Pump Requirements: 4 TDU	in all directions)		_	
Pump Requirements:ft. TDH vs	_ GPM		6	inches below pipe
(alternation N D-	N'E C		Aggregate Depth:	inches below pipe inches above pipe
Conditions: WATER LINE MUST BE	10 FROM SEPTIC 3	YSTEM		inches total

**If applicable: I understand the system type specified is different from the type specified on	the application. I accept the specifications c	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 Au Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Dispo	ithorization shall not be transferred when there is a change in sal and to the conditions of this permit	n ownership of the site. This E ATTACHED SITE SKETCH
Authorized State Agent:	Date:	



STRIKE EACLEOR