Harnett County Department of Public Health

HTE#10-5-23764

25907

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: TINGEN RO	
ISSUED TO: BILL CLARX HOMES INC SUBDIVISION RATIONS POINT	LOT # 92
NEW X REPAIR C EXPANSION C Site Improvements required prior to Construction Authorizat	
Type of Structure: SFC68×571	
Proposed Wastewater System Type: Pume To Conversioner	
Projected Daily Flow: <u>360</u> 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 facilities	
Type of Water Supply: 🗆 Community 💢 Public 🗆 Well Distance from well <u>100</u> feet Permit valid for:	Five years
Permit conditions:	No expiration
a later a	
Authorized State Agent:: RENS Date: 3310 SEE ATTACH	IED 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.

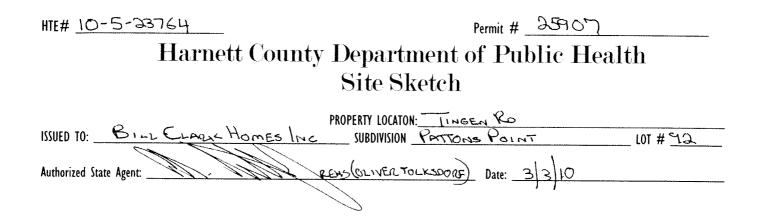
Construction Authorization

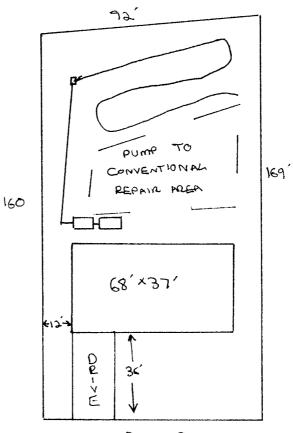
(Required for Building Permit)

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.

ISSUED TO: BULL CLARK HOMES INC	PROPERTY LOCATION: TIME	en Ro
	, SUBDIVISION PARKONS P	01NT LOT # 92
Facility Type: SFD(68 ~ 5)	🗡 New 🗆 Expansion 🗆 Repair	
Facility Type: <u>5 FD (68 ×37</u> -) Basement? I Yes X No Basement Fixtures	s? 🗆 Yes 🛛 No	
Type of Wastewater System** Pump To Cor	NVENTIONAL	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable 🗀)		
Pump To Con	NJENTIONAL (Repair)	
Installation Requirements/Conditions No	umber of trenches	
Septic Tank Size 1000 gallons Ex	xact length of each trench _200_ feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons Tr	enches shall be installed on contour at a	Soil Cover: 6-12 inches
Ma	aximum Trench Depth of: <u>18-24</u> inches	(Maximum soil cover shall not exceed
(1)	rench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)
in	all directions)	
Pump Requirements:ft. TDH vsG	PM	inches below pipe
		Aggregate Depth: inches above pipe
Conditions: WATER LINE MUST BE	10 Feom SEPTIC SYSTEM	inches total

**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 tree plan, plat, or the intended use changes. The Construction	Authorization shall not be transferred when there is a change in ownership of the site. This	
Construction Authorization is subject to compliance when the avoid of the Laws and Rules for Sewage Treatment and Dis	posal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
	Date: $3/3/10$ ion Expiration Date: $3/3/15$	
A Contraction of the second seco		





STRIKE EAGLE DR.