## Harnett County Department of Public Health

HTE# 10-5-23979

26005

## Improvement Permit

A building permit cannot be issued with	th only an Improvement Permit		
	ATION: TINGEN RD		
ISSUED TO: DINL CLARK HOMES CURDIVISION	PATTONS POINT	LOT # 19	
NEW 🛛 REPAIR 🖵 EXPANSION 🗆	Site Improvements required prior to Construction Author		
NEW REPAIR E EXPANSION Type of Structure: STO (66'~39')	and improvements required prior to construction Autilio	nization issuance:	
Proposed Wastewater System Type: PUMP TO CONVENTIONAL			
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 5 max		·····	
Basement Tyes XNo			
Pump Required: Xyes INO May be required based on final location and eleva	ations of facilities		
Type of Water Supply: Community X Public Well Distance from well	<u>60</u> feet Permit valid for:	<b>V</b> r	
Permit conditions:	reet Fernit valid for.	Five years	
All as		No expiration	
		······	
Authorized State Agent::	4610 SEE AT		
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	bolder is responsible for checking with appropriate gauge better	TACHED SITE SKETCH	
and appropriate governing bodies in meeting their requirements the			

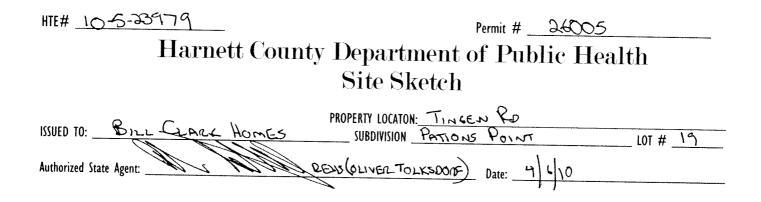
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit...

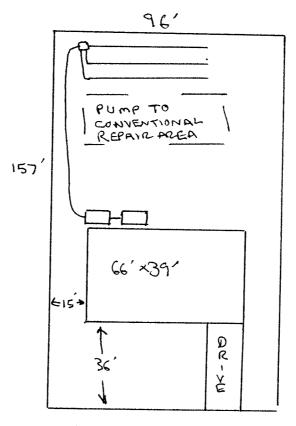
## **Construction** Authorization

(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: BILL CLARK HOMES	PROPERTY LOCATION: TINGEN RD			
Facility Type: SFD (66×39)	SUBDIVISION PATTONS POINT	LOT # \ ግ		
	New 🔲 Expansion 🔲 Renair			
Basement? 🗆 Yes 🔀 No 🛛 Basement Fix	tures? 🔲 Yes 🛛 📉 No			
Type of Wastewater System** <u>Pume To</u>		er Flow: 360 GPD		
(See note below, if applicable 🗆)	(initial) Wastewate	er Flow: <u>SGO</u> GPD		
	CONVENTIONAL (Repair)			
Installation Requirements/Conditions	Number of trenches 3			
Septic Tank Size 1000 gallons		Feet on Center		
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a Soil Cover: $4 - 72$			
	Maximum Trench Depth of: 18-24 inches (Maximum soil cove			
	(Trench bottoms shall be level to $+/-1/4$ " 36" above the tre			
	in all directions)	nch Dollom)		
Pump Requirements:ft. TDH vs		6		
		inches below pipe		
Conditions: WATER LINE MUST BE	10 FROM SEPTIC SUSTEM No Grupting -	inches above pipe		
Conditions: WATER LINE MUST BE 10 FROM SEDTIC SUSTEM. No UTILITIES 12 inches above pipe MAY ENCROACH ON INITIAL OR REPAIR AREAS. IF PROPER FALL CAN BE MAINTAINED				
PUMP MAY BE OMITIED.				
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.				
, in permit.				
Owner/Legal Representative Signature:	Date:			
This Construction Authorization is subject to revocation if the site plan, p	at, or the intended use changes. The Construction Authorization shall not be transferred when there is a d	anna in ann an the state in Th		
Construction Authorization is subject to compliance with the provision of	the tark and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH		
Authorized State Agent: MARA RENS Date:4610				
Construction Authorization Expiration Date: 4/6/15				





FIFTY CALIBER DR.