## Harnett County Department of Public Health

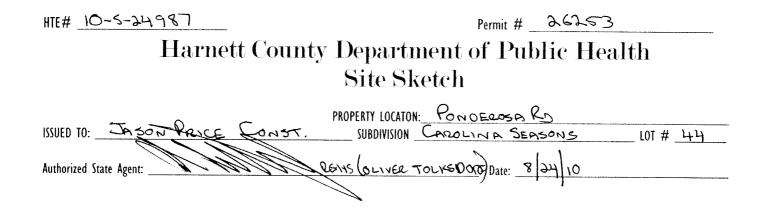
HTE# 10-5-24987

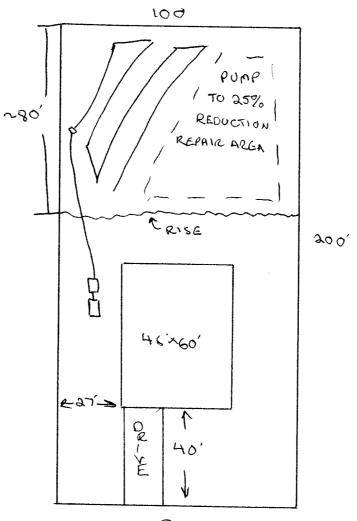
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	Improvement	Permit		26253
A bu	ilding permit cannot be issued with		it Permit	
<b>•</b> • •			<u> </u>	
ISSUED TO: JASON PRICE CONS		CAROLINA	SEASONS	LOT # 44
NEW X REPAIR C Type of Structure: SEO (46760) EXPANSION			equired prior to Construction Author	
Type of Structure: SED (46×60)	<u></u>			
Proposed Wastewater System Type: PUMPTO 25	20 REDUCTION			
Projected Daily Flow: <u>360</u> GPD	C			
Number of bedrooms: Number of Occupan	ts:max			
Basement 🗆 Yes 🔀 No				
Pump Required: Zexes INO IMay be required	based on final location and eleval	tions of facilities		N.4
Type of Water Supply:  Community  Public	Well Distance from well <u>P</u>	50 feet	Permit valid for:	🕅 Five years
Permit conditions:				No expiration
- fit fit				
Allas and the second	RENS Date:	atoutra		
Authorized State Agent:		8 24 10	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees site is subject to revocation if the site plan, plat, or the intended use chan	s the issence of other permits. The permit ges. The Improvement Permit shall not be a	holder" is responsible for ch ffected by a change in own	tecking with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of	f this permit.	a change in own	tersing of the site. This permit is subject to	compnance with the provisions of
	Construction Aut	harization		
The second state with the second state state state	(Required for Buildin	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	. 1955, 1956, 1957, 1958. and 1959 are	incorporated by references	s into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: JASON PRICE CON Exciling Type: 5ED (46"x60")	ST. PROPERTY	LOCATION: Po	NDEROSA RD	
	SUBDIVISIO	N CAZOLIN	JA SEASONS	LOT # 44
Facility Type:SFO (46"160")	_ X New _ 🗆 Expansi	on 🗌 Repair		
Basement? 🗆 Yes 🛛 No 🛛 Basement Fixture	es? 🗆 Yes 🔍 No	on 🗀 nepun		
Type of Wastewater System** Pump To	25% REDUCTIO	6	(Initial) Wastewater Flow:	3(0 000
(See note below, if applicable ()		/ ~	(IIIIIIII) Wastewater riow:	
Pumo Ta 250	10 REDUCTION	( <b>D</b> i - i - i		
	lumber of trenches		9	
Septic Tank Size <u>1006</u> gallons E	xact length of each trench		Trench Spacing: <u>1</u> Soil Cover: G i	Feet on Center
	renches shall be installed on co			
١	laximum Trench Depth of:	inches	(Maximum soil cover shall r	not exceed
(	Trench bottoms shall be level to	+/-1/4"	36" above the trench bott	om)
i	n all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	
Conditions:			00 0 f	inches total

## WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

\*\*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 site 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 with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH LGHS Authorized State Agent: 0 Date: Construction Authorization Expiration Date:





SPRING FLOWERS DR