HTE#10-5-25787

## Harnett County Department of Public Health

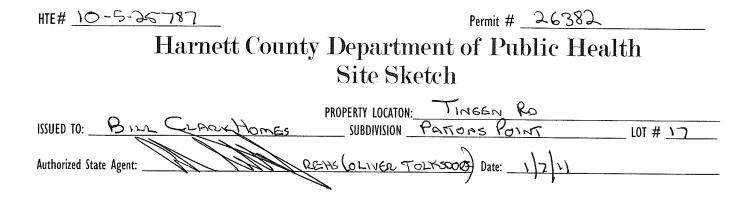
Improvement Permit

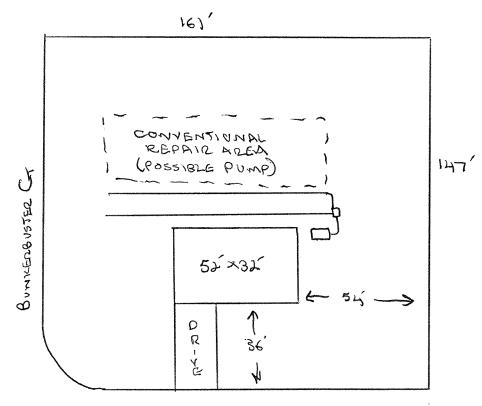
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A bu	lding permit cannot be issued w	ith only an Improvement	t Permit	
By Control Di	PROPERTY LOC	ATION: TINGER	v Ko	
ISSUED TO: BUD CLOCK HOMES NEW X REPAIR EXPANSION	SUBDIVISION _	PARIONS YO	זארו	LOT #
NEW D REPAIR EXPANSION		Site Improvements re	quired prior to Construction Au	thorization Issuance:
Type of structure.				
Proposed Wastewater System Type: COMMENTION	<u>ML</u>			
Projected Daily Flow: <u>360</u> GPD	<i>C</i>			
Number of bedrooms: Number of Occupant	s: <u>6</u> max			
Basement 🗆 Yes 🚬 No		<u></u>		······
Pump Required: 🗆 Yes 🔀 No 🗆 May be required	based on final location and elev	ations of facilities		
Type of Water Supply:  Community Rublic	Well Distance from well	100 feet	Permit valid for	: 🕅 Five years
Permit conditions:				🗆 No expiration
fiff and				
the f				
Authorized State Agent::	REHS Date:	1 7 1)	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees	the issuance of other permits. The perm	it holder is responsible for che	ecking with appropriate governing bodi	es in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use chang the Laws and Rules for Sewage Treatment and Disposal and to conditions of	es. The improvement Permit shall not be this permit	affected by a change in own	ership of the site. This permit is subjec	t to compliance with the provisions of
	the permet			
	Construction A.	4	······	
	Construction Au	itnorization		
	(Required for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954,	.1955, .1956, .1957, .1958. and .1959 a	are incorporated by references	into this permit and shall be met. Sys	stems shall be installed in accordance
with the attached system layout.				
KULED TO: BDU CHORY HOME	DDADEDT		P P	
ISSUED TO: BILL CLARX HOMES		I LUCATION:	JODN ND	
500 (6) ×0)		UN FATIONS	FOINT	LOT # <u>\`ヿ</u>
Facility Type: 500 (52 ×32)	New 🗋 Expan	sion 🗋 Repair		
Basement? 🗀 Yes 🖾 No 🛛 Basement Fixture	s? 🗀 Yes 🛛 🗖 No			
Type of Wastewater System** Convention	VAL		(Initial) Wastewater Flo	w: <u>360</u> GPD
(See note below, if applicable 🗀)				
CONVENTIO	MAL (PUMP)	(Repair)		
Installation Requirements/Conditions N	umber of trenches <u>2</u>	( 1 )		
Septic Tank Size <u>1000</u> gallons E	xact length of each trench	٦ feet	Trench Spacing:	Feet on Center
	renches shall be installed on o		Soil Cover: <u>6-18</u>	inches
	aximum Trench Depth of: $\underline{\gamma}$			
			(Maximum soil cover sha	
	rench bottoms shall be level	to +/-1/4"	36" above the trench l	bottom)
	all directions)			
Pump Requirements:ft. TDH vs6	PM		C	inches below pipe
			Aggregate Depth:	<u>2</u> inches above pipe
Conditions:				$\underline{\mathcal{R}}_{}$ inches below pipe $\underline{\mathcal{R}}_{}$ inches above pipe $\underline{\mathcal{R}}_{}$ 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.
Authorized State Agent: Construction Authorization Expiration Date:





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