HTE# 10-5-25816

## Harnett County Department of Public Health

**Improvement** Permit

| A building permit cannot be issued with only <u>an</u> Improvement Permit   |
|---|
| PROPERTY LOCATION: TINGEN RO  |
| ISSUED TO: BILL CLARK HOMES SUBDIVISION PATIONS POINT LOT # 32  |
| NEW文 REPAIR ロ EXPANSION ロ Site Improvements required prior to Construction Authorization Issuance:<br>Type of Structure: <u>SEO(46/ス3の)</u>   |
| Type of Structure: SEOCIEX30  |
| Proposed Wastewater System Type: 25% REDUCTION SYSTEM   |
| Projected Daily Flow: <u>360</u> GPD<br>Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max  |
| Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max  |
| Basement 🗆 Yes 🔀 No   |
| Pump Required: $\Box$ Yes $\Box$ No $>\!$   |
| Type of Water Supply: 🗆 Community 🔎 Public 🗆 Well Distance from well <u>NOO</u> feet Permit valid for: 🔯 Five years   |
| Type of Water Supply:  Community  Public  Well Distance from well  O O feet  Permit valid for:  Five years Permit conditions:  O No expiration  |
|   |
|   |
| Authorized State Agent:: Date: 281) SEE ATTACHED 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  |
| <u>(Required for Building Permit)</u>   |

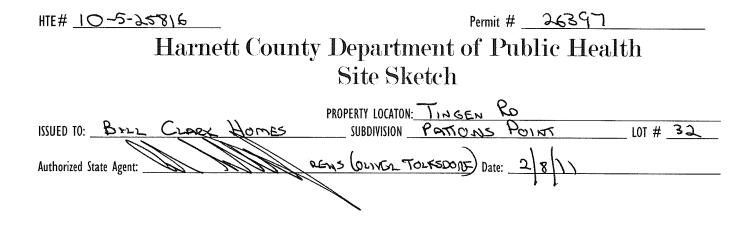
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

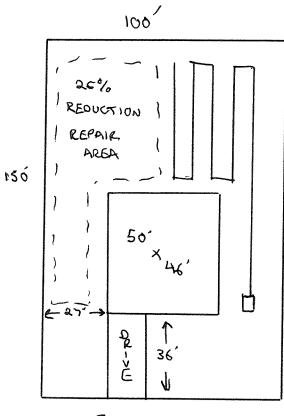
| ISSUED TO: BILL CLARK HOM            | ES PROPERTY LOCATION:                            | NGEN RO                      |                   |
|--------------------------------------|--|------------------------------|-------------------|
|                                      | SUBDIVISION PATTONS                              | POINT                        | LOT # 32          |
| Facility Type: 5FO(46'*30)           | 🔀 New 🗆 Expansion 🗆 Repair                       |                              |                   |
| Basement? 🗆 Yes 🔀 No 🛛 Basement Fix  |  |                              |                   |
| Type of Wastewater System** 25% REG  | DUCTION SYSTEM                                   | (Initial) Wastewater Flow:   | <u>360</u> GPD    |
| (See note below, if applicable       |  |                              |                   |
| 25% RE                               | SOUCTION SYSTEM (Repair)                         |                              |                   |
| Installation Requirements/Conditions | Number of trenches <u>1</u>                      |                              |                   |
| Septic Tank Size <u>100</u> gallons  | Exact length of each trench $260$ feet           | Trench Spacing:              | Feet on Center    |
| Pump Tank Size gallons               | Trenches shall be installed on contour at a      | Soil Cover: 12 in            | iches             |
|                                      | Maximum Trench Depth of: $\underline{24}$ inches | (Maximum soil cover shall no | ot exceed         |
|                                      | (Trench bottoms shall be level to +/-1/4"        | 36" above the trench botto   | im)               |
|                                      | in all directions)                               |                              |                   |
| Pump Requirements:ft. TDH vs         | GPM  |                              | inches below pipe |
|                                      |  | Aggregate Depth:             | inches above pipe |
| Conditions:                          |  |                              | 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 |  |  |  |
| Authorized State Agent: Date: |                          |  |  |  |

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FIFTY CALIBER DR