HTE# 11-5-25987

Harnett County Department of Public Health

Improvement Permit

26392

A	building permit cannot be issued with only an Improvement Permit		
ICHED TO: By Consort 14 and	PROPERTY LOCATION: NINGEN PO NES SUBDIVISION PATTONS POINT	107 11 2	
NEW TO REPAIR TO EXPANSIO		LOT # <u>3</u>	
Type of Structure: SEO (68 ×34)	Site improvements required prior to	o Construction Authorization Issuance:	
Proposed Wastewater System Type: 25% DEOUC	7/104 SUSTEIN		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occup	ants: S max		
Basement □Yes ☒ No	IIIdA		
	red based on final location and elevations of facilities		
Type of Water Supply: Community Public	□ Well Distance from well 100 feet	Permit valid for: 🔀 Five years	
Permit conditions:		No expiration	
Authorized State Agent::	(CEHS Date: 2 1/1)	SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition:	tees the issuance of other permits. The permit holder is responsible for checking with appro langes. The Improvement Permit shall not be affected by a change in ownership of the site. s of this permit.	priate governing bodies in meeting their requirements. This . This permit is subject to compliance with the provisions of	
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit	and shall be met. Systems shall be installed in accordance	
ISSUED TO: BILL CLARK HOME	PROPERTY LOCATION: TINGGH R		
Facility Type: 5FD (68'43LV)	SUBDIVISION PATTONS POINT	LOT # <u>30</u>	
	ures? 🗆 Yes 🔭 No	2/-	
Type of Wastewater System** _25% REOL	CRION SYSTEM (Initial)	Wastewater Flow: 360 GPD	
(See note below, if applicable □)	(Pump) OCKION SYSTEM (Repair)		
Installation Requirements/Conditions	Number of trenches \(\frac{1}{2}\)		
Septic Tank Size 1000 gallons	Exact length of each trench 260 feet Trench Spa	icing: Feet on Center	
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a Soil Cover:		
IF MEEDED		m soil cover shall not exceed	
		ove the trench bottom)	
	in all directions)	ove the trench bottom)	
Pump Requirements:ft. TDH vs			
rump requirementstt. 1DH vs	_ orn	inches below pipe	
Conditions	Aggregate	Depth: inches above pipe	
Conditions:		inches total	
NATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR ARE Rain field area.	A.	
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept the	e specifications of this permit.	
Owner/Legal Representative Signature:		Date:	
Owner/Legal Representative Signature:			
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:	Date: 2),),	\	
Authorized State Agent: Date: 21,11 Construction Authorization Expiration Date: 21,16			

Harnett County Department of Public Health Site Sketch

0 0	PROPERTY LOCATON: TIMEEN RO	
ISSUED TO: BILL CARRY HOMES	SUBDIVISION PATIONS POINT	LOT # 30
	. 1	
Authorized State Agent:	RENS (OLIVER TOLKSDORF) Date: 2/1/11	

