HTE# 11-5-26514RR Harnett County Department of Public Health 26598 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit-SOUTH RIVER HOMES SUBDIVISION CAROLINA SEASONS ISSUED TO: LOT $\# \langle \rangle \rangle$ NEW 🔀 ~EXPANSION 🗆 Site Improvements required prior to Construction Authorization Issuance: REPAIR 🗖 Type of Structure: SFO (50 x49) Proposed Wastewater System Type: 25010 REDUCTION SYSTEM Projected Daily Flow: 450 GPD Number of Occupants: 8 <u>ل</u>م Number of bedrooms: ____ Basement 🗆 Yes X No □ May be required based on final location and elevations of facilities X No Pump Required: 🗆 Yes Type of Water Supply: 🗆 Community 🕱 Public 🗆 Well Distance from well <u>100</u> feet Five years Permit valid for: In expiration Permit conditions: RENS Date: 7/11/1) Authorized State Agent:: 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 chall 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: SOUTH RIVER HOMES PROPERTY LOCATION: PONDEROSA TRAIL SUBDIVISION CAROLINA SERSONS LOT # \\\ Facility Type: __________ 🔀 New 🗆 Expansion 🗆 Repair Basement? 🗆 Yes 🛛 🗹 No Basement Fixtures? D Yes KNo 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 Type of Wastewater System** GPD (See note below, if applicable \square) PANEL BLOCK ____(Repair) Number of trenches ____ Installation Requirements/Conditions Exact length of each trench 150Septic Tank Size 1000 gallons feet Trench Spacing: **The Feet on Center** Trenches shall be installed on contour at a Soil Cover: 12-24 inches Pump Tank Size _____ gallons Maximum Trench Depth of: <u>24-36</u> inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) 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.

Construction Authorization Expiration Date:

