HTE#\_11-5-26867

## Harnett County Department of Public Health

## Improvement Permit

26584

A building permit cannot be issued with only an Improvement Permit ISSUED TO: BEST BUILT CONSTRUCTION SUBDIVISION CAROLINA SEASONS NEW X REPAIR DEXPAN Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Punk To 25% REDUCTION Projected Daily Flow: 480 Number of bedrooms: \_ Number of Occupants: 8 Basement Yes No Pump Required: Syes ☐ May be required based on final location and elevations of facilities □ No Type of Water Supply: 

Community Public 

Well Distance from well 100 feet Permit conditions: Permit valid for: Five years ☐ No expiration Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the changes. The permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of Construction Authorization 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 (Required for Building Permit) ISSUED TO: BEST BUILT CONSTRUCTION PROPERTY LOCATION: PONDEROSA RO
SUBDIVISION CAROLINA SEASONS Facility Type: SFO(591x57) ☐ Expansion ☐ Repair Basement? Yes No Basement Fixtures? Tyes PUMP TO CONVENTIONAL (Initial) Wastewater Flow: 480 GPD Type of Wastewater System\*\* (See note below, if applicable []) PUMP TO CONVENTIONAL (Repair) Installation Requirements/Conditions Septic Tank Size \_ 1000 \_ gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 19-24 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. \*\*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: 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 provision of the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: \_ Date: Construction Authorization Expiration Date:

## Harnett County Department of Public Health Site Sketch

ISSUED TO: BEST BUILT CONSTRUCTION SUBDIVISION CAROLINA SEASONS Authorized State Agent: REMS (OLIVER TOLKSDOR) Date: 6 15 11

