HTE# 11-5-27977

## Harnett County Department of Public Health

Improvement Permit

26861

A	building permit cannot be issued to			
ISSUED TO: WATERMARK HOME	PROPERTY LO SUBDIVISION			LOT # 56
NEW REPAIR □ EXPANSION Type of Structure: SFO(5ブメムコン)			quired prior to Construction Author	
Proposed Wastewater System Type: Converti	LANU			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occu				
	ired based on final location and ele			<b>X</b> .
Type of Water Supply:  Community Public Permit conditions:	☐ Well Distance from well _	100 feet	Permit valid for:	Five years  No expiration
Authorized State Agent::  The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not l	rmit holder is responsible for che	ecking with appropriate governing bodies in	TACHED SITE SKETCH  n meeting their requirements. This compliance with the provisions of
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	Construction A (Required for Buil 954, .1955, .1956, .1957, .1958. and .1959	ilding Permit)	into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: WATERMARK HOME	5 NC PROPER	ITY LOCATION: Tim	NEEDENE RO	LOT # 56
Type of Wastewater System** Comen (See note below, if applicable □)	tures? 🗆 Yes 🔀 No	·	(Initial) Wastewater Flow:	<u>360</u> GPD
Installation Requirements/Conditions	Number of trenches1		Q	
Septic Tank Size 1000 gallons Pump Tank Size gallons	Exact length of each trench _ Trenches shall be installed on Maximum Trench Depth of: _ (Trench bottoms shall be leve in all directions)	contour at a inches	Trench Spacing:  Soil Cover: 12-24  (Maximum soil cover shall 36" above the trench bot	
Pump Requirements:ft. TDH vs	,		G	inches below pipe
Conditions:		and the second s	Aggregate Depth: 2	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST NO UTILITIES ALLOWED IN INITIAL OR REPAIR I		SEPTIC SYSTEM OR I	REPAIR AREA.	
**If applicable: I understand the system type specified	1 is different from the type spec	ified 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 Cons	struction Authorization shall not		ownership of the site. This
Construction Authorization is subject to compliance with the provinces				ATTACHED SITE SKETCH
Authorized State Agent:	Construction And	S Date: orization Expiration D	12/22/1)	
	COMMUNICATION AUGI	STREETON EXPIREDITE	,	<del></del>

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: TIMBERZINE RO	
ISSUED TO: WATERMARK HOMES INC SUBDIVISION THE SUMMIT	LOT # <u>5</u> .
Authorized State Agent: Date: 12 22 11	

