HTE# 12-5-22945

## Harnett County Department of Public Health

Improvement Permit

27054

A bu	ilding permit cannot be issued wi			
ISSUED TO: BILL CLARK HOMES	PROPERTY LOCA	ATION: TINGE PATTONS		LOT #34
NEW REPAIR EXPANSION  Type of Structure:			required prior to Construction Au	
Proposed Wastewater System Type: Pump To 25	3/0 (C.60			
Projected Daily Flow: GPD				
Number of bedrooms: Number of Occupan	ts: Smax			
Basement □Yes No				t <del>y</del>
	l based on final location and elev  Well Distance from well		Permit valid for	: Five years  No expiration
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantee site is subject to revocation if the site plan, plat, or the intended use chan the Laws and Rules for Sewage Treatment and Disposal and to conditions or	s the issuance of other permits. The perm ges. The Improvement Permit shall not be		checking with appropriate governing bod	
	Construction Au	ıthorization		
The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.	( <u>Required for Build</u> , .1955, .1956, .1957, .1958. and .1959		nces into this permit and shall be met. Sy	rstems shall be installed in accordance
ISSUED TO: BILL CLARK HOM	PROPERT	Y LOCATION:	INGEN RD	107 // <b>?</b> 1.
Facility Type: SEO (40738)  Basement?   Yes   No Basement Fixtur	es? 🔲 Yes 🔑 No	nsion 🗆 Repa	air	LOT # <u>34</u>
(See note below, if applicable □)	15% REDUCTION		(Initial) Wastewater Fl	ow: GPD
		(Kepair)		
Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons	Number of trenchesl  Exact length of each trench =  Trenches shall be installed on	contour at a	Trench Spacing: 9 Soil Cover: 6-12	Feet on Center inches
· ·	Maximum Trench Depth of: <u>Y</u> (Trench bottoms shall be level			all not exceed
	in all directions)			
Pump Requirements:ft. TDH vs  Conditions:	GPM		Aggregate Depth:	inches below pipe inches above pipe inches above pipe inches total
Conditions.			<del></del>	
WATER LINES (INCLUDING IRRIGATION) MUST BE NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA		SEPTIC SYSTEM O	R REPAIR AREA.	
**If applicable: I understand the system type specified is	different from the type specia	fied on the applicat	ion. I accept the specifications	of this permit.
Owner/Legal Representative Signature: Date:				
This Construction Authorization is subject to revocation at the site plan, plat Construction Authorization is subject to compliance with the previous of the				SEE ATTACHED SITE SKETCH
			1 1.	Jin
Authorized State Agent: Date:				

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: TIMBEN RD

SUBDIVISION PROTONS POINT

LOT # 374

