HTE# 12-5-28972

## Harnett County Department of Public Health

27061

Improvement Permit

A bi	ilding permit cannot be issued wit	h only an Improvement TION: Will L		
ISSUED TO: BILL CLARK HOMES			) Piks	LOT # 22
NEW REPAIR C EXPANSION			uired prior to Construction Author	
Type of Structure: 550 (341 × 39)		site improvements req	and provide construction Autor	ization issuance.
Proposed Wastewater System Type: 25% REDUC	FILM SYSTEM			
Projected Daily Flow: 360 GPD				
Number of bedrooms: <u>3</u> Number of Occupan	ts: <b>G</b> max			······································
Basement $\Box$ Yes $\searrow$ No				
· · · · · · · · · · · · · · · · · · ·	d based on final location and eleva	ations of facilities		and the second
Type of Water Supply:  Community Rublic			Permit valid for:	Five years
Permit conditions:				$\square$ No expiration
Authorized State Agent::	PEHS Date:	6/14/12	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantee		t holder is responsible for che		
site is subject to revocation if the site plan, plat, or the intended use char		affected by a change in owne	rship 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	f this permit			
	Constanting An	4		
	<u>Construction</u> Au	thorization		
	<u>(Required for Build</u>	<u>ing Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .1954	, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Systems	s shall be installed in accordance
with the attached system layout.				
ISSUED TO: BILL CLARK HOME			L LUCAS RD	
~	CLIDDIVICU		A OAKS	LOT # 22
Facility Type: SFO (347-34)	New 🗆 Expansi			LVI # <u></u>
		sion 🗆 Repair		
Basement? 🗆 Yes 🖂 No Basement Fixtur				$\alpha$
Type of Wastewater System** 25% REO	UCTION DYSTEN	<u>^</u>	(Initial) Wastewater Flow:	<u> ろよの</u> GPD
(See note below, if applicable $\Box$ )				
PANEL BL	-oct	(Repair)		
Installation Requirements/Conditions	Number of trenches		•	
	Exact length of each trench	50 feet	Trench Spacing:	Feet on Center
	Trenches shall be installed on g		1 A A	inches
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level t		36" above the trench bot	
	1	10 17-174	JU ADOVE THE LENCH DOL	tom)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF S	EPTIC SYSTEM OR F	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 specification	ons 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 Construction Authorization shall not be transferred when there is a ch	ange in ownership of the site. This
Construction Authorization is subject to compliance with the prevision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Consequction Authorization Expiration Date: 6/14/12	

