HTE# 13-5-30692

Harnett County Department of Public Health

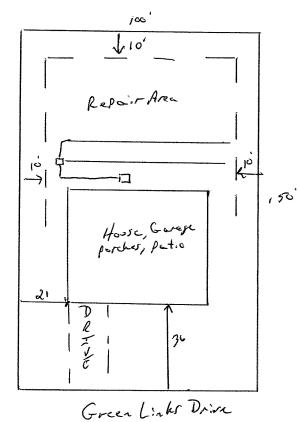
Improvement Permit

27312

A building permit cannot be issued	with only an Improvement Permit
PROPERTY LO	OCATION: Pendarosa Ro.
	Carolina Seasons 10T# 20
NEW ☑ REPAIR ☐ , EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: JFD 58 x 48	
Proposed Wastewater System Type: 25 To Reduct in System	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 7 Number of Occupants: 6 max	
Basement Tyes No _	
Pump Required: □Yes ☑ No □ May be required based on final location and el	levations of facilities
Type of Water Supply: Community Public Well Distance from well	
Permit conditions:	□ No expiration
	i /
Authorized State Agent: Date: Date:	: 3/7/293 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The pe	
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall 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 A	Authorization
(Required for Bu	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .195 with the attached system layout.	9 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
	0
ISSUED TO: Comberland Hones PROPEI	RTY INCATION. Pandorers Ld
CHIDDIN	ISION Carolina Scarons LOT # 20
Facility Type: SFD 5-8 x 48 W New Exp	DION
, ,,	ansion 🗆 Repair
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No	_
Type of Wastewater System** 25% led a tion System	(Initial) Wastewater Flow: GPD
(See note below, if applicable □)	
25-70 Reduction System	(Repair)
Installation Requirements/Conditions Number of trenches 2	
Septic Tank Size / OO C gallons Exact length of each trench	feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on	
Maximum Trench Depth of: _	
(Trench bottoms shall be leve	el 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
conditions.	IIICIIes total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF	- SEPTIC SYSTEM OR REPAIR AREA.
	- SEPTIC SYSTEM OR REPAIR AREA.
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD 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.	cified on the application. I accept the specifications of this permit.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified.	cified on the application. I accept the specifications of this permit.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified of the system type specified is different from the type specified is different	cified on the application. I accept the specifications of this permit. Date:
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	cified on the application. I accept the specifications of this permit. Date:
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified of specified is different from the type specified of specified is different from the type specified is different fro	Date: Struction Authorization shall not be transferred when there is a change in ownership of the site. This t and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified of specified is different from the type specified of specified is different from the type specified is different fro	cified on the application. I accept the specifications of this permit. Date:

Harnett County Department of Public Health Site Sketch

	, / PROPER	RTY LOCATON: Ponderosa.		
ISSUED TO: Comberland	ltones si	UBDIVISION Carolina Se	a Son / LOT #	20
1				
Authorized State Agent:	Music REHS	Date:	3/7/2013	



150