HTE# 13-5-20953

Harnett County Department of Public Health

Improvement Permit

27423

36" above the trench bottom)

A building permit cannot be issued with only an Improvement Permit

A	bunuing permit cannot be issued w	nui only an improvement		
ISSUED TO: BILL CLARKE HOM		CATION: PONDERC		
ISSUED TO: DEPART OF THE STREAM OF		CATOLINA S		LOT # 72
NEW REPAIR EXPANSIO		Site Improvements req	uired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: <u>25% RED</u>	UCTION SYSTEM	······		
Projected Daily Flow: GPD	001031 -13,001			
Number of bedrooms: Number of Occur	oants: 6 max			
Basement \Box Yes No				
	ired based on final location and ele	vations of facilities	- An	
	Well Distance from well		Permit valid for:	Five years
Permit conditions:			r crime vanu 101.	\square No expiration
the same	······································		······································	
		1 1		
Authorized State Agent::	REIAS Date:	4/19/13	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	ntees the issuance of other permits. The perr	nit holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition		e affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
the caws and rules for sewage treatment and Disposal and to condition	is of this permit.			
	C		······································	
	Construction A	uthorization		
	<u>(Required for Bui</u>	ding Permit)		
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959	are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.		~	_	
ISSUED TO: BILZ CLARENHOM	PROPER	IV LOCATION. RONG	DEROSA RO	
		ION CAROLIN	A SEASONS	LOT # 72
Facility Type: SFD(453455)	🔀 New 🗆 Expa	nsion 🗌 Repair		
	tures? 🗆 Yes 🛛 Ki No	iision 📖 nepan		
	DUCTION SYSTE	\sim	(Initial) Wastewater Flow:	360 000
	DUCTION CIDIE		(IIIIliai) wastewater riow:	GPD GPD
(See note below, if applicable □) R	EDUCTION SYSTEM	(Repair)		
Installation Requirements/Conditions	Number of trenches	()		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _	200 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on		Soil Cover: 12-18	inches
	Maximum Trench Depth of: 💲		(Maximum soil cover shall r	

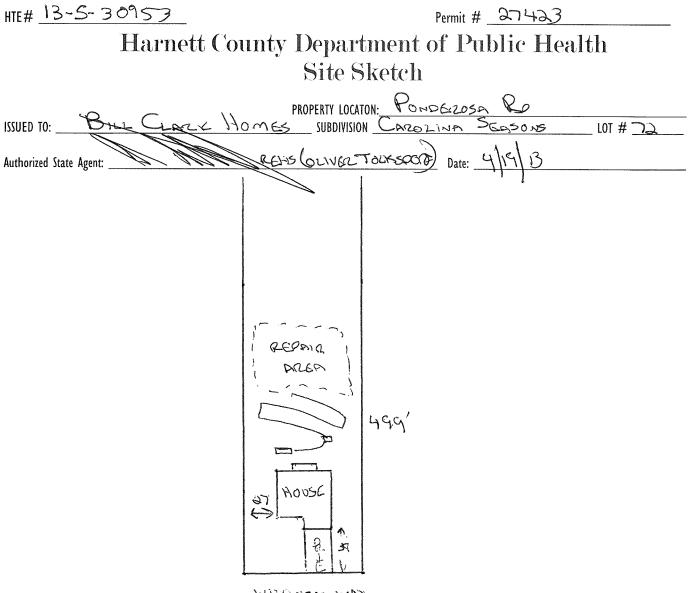
in all directions)
Pump Requirements: _____ft. TDH vs. _____ GPM

Pump Requirements:	ft. TDH vs	_ GPM				inch	ies below pipe
0	0	0	M	Na	Aggregate Depth:	inc	hes above pipe
Conditions: YEAMTS	BASED ON	PROPOSAL	Tron	APPLICANES	DOIL		inches_total
CONSULTAND.							

(Trench bottoms shall be level to +/-1/4"

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: / 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: Date:					
This Construction Authorization is subject to revolution if the ite plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change i	in ownership of the site. This				
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	EE ATTACHED SITE SKETCH				
Authorized State Agent: Date: _					



WILDHOD WAD