HTE# 13-5-30956

Harnett County Department of Public Health

27426

Improvement Permit

A building permit cannot be issued wi	th only an Improvement Permit 👝	
PROPERTY LOCA	th only an Improvement Permit ATION: PONDEROSA RD	
ISSUED TO: BILL CLARKE HOMES SUBDIVISION	CAROLINA SEASONS	LOT # <u>B14</u>
NEW REPAIR C -EXPANSION D Type of Structure: SEO (46-25-2)	Site Improvements required prior to Construction Authorit	zation Issuance:
Type of Structure: <u>SEO 146~57</u>)		
Type of Structure: D<0		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 🖉 No		
Pump Required: 🗆 Yes 🗡 No 🔅 May be required based on final location and elev Type of Water Supply: 🗆 Community 🖂 Public 🗀 Well Distance from well 🔄	ations of facilities	\sim
Type of Water Supply: 🗆 Community 🖂 Public 🛛 Well 🛛 Distance from well 🔄	100 feet Permit valid for:	Five years
Permit conditions:		No expiration
		<u></u>
Authorized State Agent: Date:	4/19/13 SEE ATT/	ACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .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: BILL CLARK HOM	<u>ES</u> PROPERTY LOCATION: <u>Por</u> SUBDIVISION <u>Crocolog</u> New Expansion Expansion Repair	NDEROSA RO		
<i>(</i> ,)	SUBDIVISION CAROLIN	A SEASONS	LOT # B14	
Facility Type: SFD(46757)	New 🛛 Expansion 🗌 Repair			
Basement? 🗆 Yes 🔀 No Basement Fixt	ures? 🗆 Yes 🛛 🔀 No	-		
Type of Wastewater System** 25% RE	UTES? [] YES XNO DUCTION SYSTEM	(Initial) Wastewater Flow: $_$	GPD GPD	
(See note below, if applicable □) Pume To 2	5% REDUCTION (Repair)			
Installation Requirements/Conditions	Number of trenches <u>3</u>	0		
Septic Tank Size 1000 gallons	Exact length of each trench 50 feet	Trench Spacing: Fe	et on Center	
Pump Tank Size gallons	Exact length of each trench $\underline{50}$ feet Trenches shall be installed on contour at a	Soil Cover: 12-18 inch	les	
· · · · · · · · · · · · · · · · · · ·	Maximum Trench Depth of: <u>24-30</u> inches	(Maximum soil cover shall not	exceed	
	(Trench bottoms shall be level to +/-1/4"			
	in all directions)		,	
Pump Requirements:ft. TDH vs	,		inches below pipe	
Conditions: PERMIT BASED ON	PROPOSAL FROM APPLICA	NIS	inches total	
SOIL SCIENTIST				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
**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 revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not	be transferred when there is a change in owner	rship of the site. This	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the conditi	ions of this permit. SEE ATT	TACHED SITE SKETCH	
		1.1.		
Authorized State Agent:	Date:	412913	_	
Authorized State Agent: Date: DAte:D				



