HTE# 13-5-31077

Harnett County Department of Public Health

Improvement Permit

27444

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: PLPINE De ISSUED TO: CATES BUILDING INC SUBDIVISION WEST LANDING & THE SUMMIT NEW Structure:

REPAIR C EXPANSION C SED (49 × 47 2) Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: _____________ Number of bedrooms: __5 Number of Occupants: 10 Basement □Yes ➤ No Pump Required: ☐Yes ≥ No May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well FOO feet X Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:: SEE ATTACHED 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 ISSUED TO: CATES BUILDING INC PROPERTY LOCATION: ALPINE DE SUBDIVISION WEST LANDING OTHE SUMMIT LOT # 166 SUBDIVISION <u>West</u> <u>L</u>A

New □ Expansion □ Repair Facility Type: 5FD (49'x27) Basement? Yes No Basement Fixtures?

Yes X No

Solution Solution Solution (Initial) Wastewater Flow: Type of Wastewater System** (See note below, if applicable 25% REDUCTION STATEM (Repair) Number of trenches

Exact length of each trench 190 feet Trench Spacing:

Soil Cover: 200 inches Installation Requirements/Conditions Septic Tank Size 1250 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 36-18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level 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: 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: I 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: ___ This Construction Authorization is subject to resocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership 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 conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent:

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: ALPINE DR
SUBDIVISION WEST LANDING @ THE SUMM IT LOT # 166

Date: 5 1 13

