HTE# 13-5-31278

Harnett County Department of Public Health

Improvement Permit

27506

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: BILL CLASSE HO	PROPERTY LOCATION: WIZE LUCAS KO SUBDIVISION CAROZINA ONCS	LOT # 8
Type of Structure: SFO USS X45)	·	raction Authorization issuance.
Proposed Wastewater System Type: 25% RE	DVGIIDN	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occu	pants: max	
Basement Yes No		
	ired based on final location and elevations of facilities	\
Type of Water Supply: Community Public	☐ Well Distance from well \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	t valid for: Five years
Permit conditions:		No expiration
Authorized State Agent::	REMS Date: 5 30 13	SEE ATTACHED SITE SKETCH
0	intees the issuance of other permits. The permit holder is responsible for checking with appropriate go	
	changes. The improvement Permit shall not be affected by a change in ownership of the site. This per	
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns 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 shal	l be met. Systems shall be installed in accordance
with the attached system layout.		
ICHED TO. BUY CLOOK HO	SUBDIVISION CAROLINA OAKS	0.
1330ED 10	CURDINICION COOLAND COOLAND	LOT # 8
Facility Type: SCO(SS245)	New Expansion Repair	LUI #
	tures? 口 Yes 図 No NEDUCTION ろうてEm	360 000
	(Initial) Master	ewater Flow: GPD
(See note below, if applicable □)	EDUCTION SYSTEM (Repair)	
	, ,	
Installation Requirements/Conditions	Number of trenches \(\frac{1}{2}\)	
Septic Tank Size 1000 gallons		Feet on Center
Pump Tank Size gallons		1-36 inches
	·	cover shall not exceed
	·	e trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
	Aggregate Depth	: inches above pipe
Conditions:		inches total
WATER LINES (INCLIIDING IRRIGATION) MIIST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I		
**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:	Date	3:
Owner/Legal Representative Signature:		
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.		
	1 1	
Authorized State Agent:	PGHS Date: 5/30/3	,
Construction Authorization Expiration Date: 5 30 16		
	constitution rationalism batter	<u> </u>

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Harnett County Department of Public Health Site Sketch

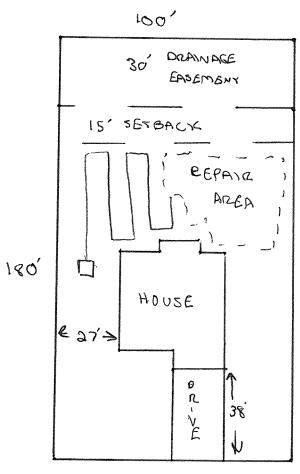
Authorized State Agent:

PROPERTY LOCATON: WILL LUCAS RO

SUBDIVISION CAROLINA CAKE

LOT # 8

Authorized State Agent: Date: 5 30 15



CAROLINA OAKS CIECLE