HTE# 13-5-31866 Harnett County Department of Public Health

Improvement Permit

27562

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SER 2225 Homes & BRC Homes Inc SUBDIVISION Grad 6/100 Site Improvements required prior to Construction Authorization Issuance: NEW 🗹 Type of Structure: _ Proposed Wastewater System Type: 25% 7550 (3745) Projected Daily Flow: 360 Number of Occupants: 6 Number of bedrooms: ____ Basement □Yes May be required based on final location and elevations of facilities ☐ No Pump Required: □Yes Five years Permit valid for: ■ No expiration Permit conditions: __ Date: ___ The issuance of this permit by the lealth 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: BRC Homes Troc PROPERTY LOCATION: SN ZZI 5 HANDETT Color RD SUBDIVISION QUALI GIFN LOT # 30 Basement Fixtures? Yes No Basement? Yes 25% REDUCTOR System (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) Number of trenenes Installation Requirements/Conditions Septic Tank Size ______ gallons Trenches shall be installed on contour at a Pump Tank Size _____ gallons Maximum Trench Depth of: 29 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 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 revocation 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent: Construction Authorization Expiration Date:

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Permit # 27562

Harnett County Department of Public Health Site Sketch

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ISSUED TO: BACHOMES FRC	-	QUACIGIBN	LOT # <u>3 a</u>
•	Marks & De A	76-115 Date:	8-13-13

