HTE# 13-5-32274

Harnett County Department of Public Health

27690

Improvement Permit

A building permit cannot be issued wit	th only an Improvement Permit	
	ITION: PONDEROSA RD	
ISSUED TO: BILL CLARK HOMES SUBDIVISION	CAROLINA SEASONS	LOT # 107
	Site Improvements required prior to Construction Authorization	
Ive of Structure: SFO (55 ×45)	· · ·	
Proposed Wastewater System Type: 2570 KGDUCTION		
Projected Daily Flow: GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 📈 No		
Pump Required: 🗆 Yes` 🖄 No 🛛 🗆 May be required based on final location and eleva	ations of facilities	
Type of Water Supply: \Box Community \nearrow Public \Box Well Distance from well <u>1</u>	<u>OO</u> feet Permit valid for:	Five years
Permit conditions:		No expiration
		-
	<u> </u>	
Authorized State Agent:: Date:	1022413 SEE ATTACHI	ED 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 HO	MES PROPERTY LOCATION: Property Location:	NDEROSA RO
		A SEASONS LOT # 107
Facility Type: SEQ(55×45) Basement? Yes No Basement Fi Type of Wastewater System** SE% 6	🛛 New 🛛 Expansion 🛛 Repair	
Basement? 🗆 Yes 🗽 No 🛛 Basement Fi	xtures? 🗆 Yes 🔀 No	7 (0
Type of Wastewater System** _25%	REDUCTION SUSSEM	(Initial) Wastewater Flow: <u>ろん</u> 〇 GPD
(See note below, if applicable)	_	
25%	CEDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size <u>LOOO</u> gallons	Exact length of each trench <u>\</u>	Trench Spacing: Feet on Center Soil Cover: inches
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>24-6</u> inches
	Maximum Trench Depth of: $36 - \pi$ 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		inches total

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 a	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, plat, or the intend	ed 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 Ru	Iles for Sewage Treatment and Disposal and to the conditions of this permit.	SKETCH
Authorized State Agent:	AGNS Date: 10) み) ひろ Construction Authorization Expiration Date: 10 27 28	





