HTE# 13-5-32442

Harnett County Department of Public Health

Improvement Permit

27700

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: White Location			
ISSUED TO: BILL CLASS HOMES SUBDIVISION CAROLINA DAKS LOT #29			
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED LSS > 52			
Proposed Wastewater System Type: 25% REDUCTION			<u> </u>
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6 max			, , , , , , , , , , , , , , , , , , ,
Basement 🗆 Yes No			
Pump Required: ☐Yes			
Type of Water Supply: Community Public Well Distance from Permit conditions:	well <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	Permit valid for:	Five years No expiration
the same			,
	111 4 5		
Authorized State Agent::	Date: 11 18 13	SEE ATTA	ICHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other sermits. 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 with the attached system layout.	.1959 are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: BILL CLARK HOMES PRI	PERTY LOCATION: <u>W</u>	22 LUCAS RD	
Facility Type: SFD(55×52) New PROPERTY LOCATION: WILL LUCAS RD SUBDIVISION CAROLINA OAKS LOT # 29			
Basement?	exhansion — vehan		
Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% REOUCTION	1205Em	(I=:4:=1) W - ++ F1	2/8 000
(See note below if applicable \square)	3/5/011	(Initial) Wastewater Flow: _	<u> 560</u> GPD
(See note below, if applicable)	/D :- \		
	` ' '		
Installation Requirements/Conditions Number of trenches		9	
Septic Tank Size 1000 gallons Exact length of each trer		Trench Spacing:	
Pump Tank Size gallons Trenches shall be installed			nches
M 1 Monor Maximum Trench Depth of		(Maximum soil cover shall n	
(Trench bottoms shall be	level to +/-1/4"	36" above the trench botto	om)
in all directions)			
Pump Requirements:ft. TDH vs GPM		-	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART	OF SEPTIC SYSTEM OR R	EPAIR 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:	r/Legal Representative Signature: Date:		
Inis 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			
Construction Authorization is subject to compliance what 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:	Date:	11/38/33	
Construction Authorization Expiration Date:			

Harnett County Department of Public Health Site Sketch



