HTE# 13-5-32-553

Harnett County Department of Public Health

27758

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: PONOEROSA RO		
PROPERTY LOCA	ATION: PONDEROSA KO	
ISSUED TO: DILL CLARK HOMES SUBDIVISION	CAROLINA SEASONS	LOT # <u>69</u>
NEW A REPAIR C EXPANSION C Type of Structure: SEO (いんゴンリレー)	Site Improvements required prior to Construction Author	prization Issuance:
Type of Structure: SEO (46×44)	······································	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: 3 Number of Occupants: 6 max		
Basement 🗆 Yes 📈 No		
Pump Required: 🛛 Yes 🗡 No 👘 🗆 May be required based on final location and elev	ations of facilities	X 4
Type of Water Supply: Community Very Public Well Distance from well		Five years
Permit conditions:		No expiration
		•
	<u>1</u>	
Authorized State Agent:: Date:	12 5 J7 SEE AT	TACHED 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

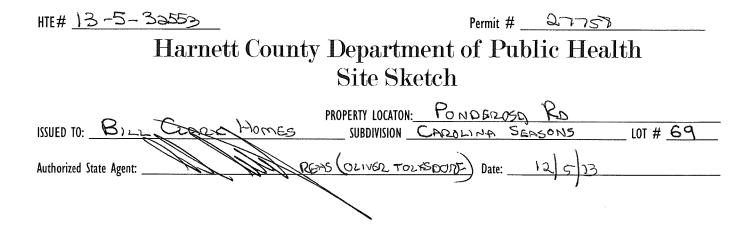
(Required for Building Permit)

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: PO.	IDEROSA RD
	SUBDIVISION CAROLIN	A SEASONS LOT # 69
Facility Type: SFD (46 'X44)	🔀 New 🗆 Expansion 🗆 Repair	
Basement? □ Yes ▷×No Basement Fix Type of Wastewater System** _ → S %	itures? 🗆 Yes 🛛 🗙 No	
Type of Wastewater System**	REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable □) Pume	To 25% REDUCTION(Repair)	
Installation Requirements/Conditions	Number of trenches	0
Septic Tank Size 1000 gallons	Exact length of each trench 200 feet	Trench Spacing: <u>9</u> Feet on Center Soil Cover: <u>6-18</u> inches
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-18</u> inches
	Maximum Trench Depth of: $\frac{18-30}{20}$ 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: 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:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be trained		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of	f this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: Construction Authorization Expiration Date:	12/5/13	



WILDWOOD WAY

