HTE#14-534279

Harnett County Department of Public Health

28023

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: <u>Suma Dave</u>

ISSUED TO: CATES BUILDING INC SUBDIVISION TINGER POINTE LOT # 170
NEW DX REPAIR C (527X4) Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: <u>550 52741</u>
Proposed Wastewater System Type: 25 70 (CEDUCTION
Projected Daily Flow: <u>360</u> GPD
Number of bedrooms: Number of Occupants: max
Basement 🗆 Yes 🔀 No
Pump Required: 🛛 Yes 🖉 No 🛛 May be required based on final location and elevations of facilities
Type of Water Supply: 🗆 Community 🖂 Public 🗆 Well Distance from well <u>100</u> feet Permit valid for: 💢 Five years
Permit conditions:
Authorized State Agent:: SEE ATTACHED 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: CATES BUILDING LOG PROPERTY LOCATION: JUNG DRIVE
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_	SUBDIVISION	LINGEN	POINTE	LOT # \70
Facility Type: 50 52×4	🗸 🖂 New 🗆 Expansior			
Basement? I Yes IX No Basen Type of Wastewater System**	· REDUCTION DYS	= TGM	(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable \square)	25% REDUCTION	Repair)		
Installation Requirements/Conditions	Number of trenches <u> </u>		0	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 2	🗢 feet	Trench Spacing: Soil Cover:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cont	our at a	Soil Cover:	inches
	Maximum Trench Depth of: <u>\</u>		(Maximum soil cover shall	
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bo	ttom)
	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 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 transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the previsions of the Laws and Rules for	Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized state Agent.	RGHS Date: 8674 ruction Authorization Expiration Date: 8679



