## HTE# 14-5-34575

## Harnett County Department of Public Health

28174

## **Improvement** Permit

A building permit cannot be issued with only an Improvement Permit

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	PROPERTY LOCATION:	TANDERSO	$\mathcal{V}_{\mathbf{a}}$
	ENVERTE LUCATION.		K AJ

ISSUED TO: BILL CLARE ) HOMES SUBDIVISION C	AZOLINA SEASONS	LOT # 38
NEW 🛛 REPAIR 🗆 EXPANSION 🗆 🤅	ite Improvements required prior to Construction	Authorization Issuance:
NEW X REPAIR C EXPANSION C STructure: SEC (37 ~60')	•	
Proposed Wastewater System Type: PUMETO 25% KEDUCTION		
Projected Daily Flow:GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 😹 No	· · · · · · · · · · · · · · · · · · ·	
Pump Required Development Required based on final location and elevation	ns of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 🗅 🤆	<u>&gt;0                                    </u>	for: 🔀 Five years
Permit conditions:		No expiration
		· · · · · · · · · · · · · · · · · · ·
	1-1-0	
Authorized State Agent:	• • • • • • • • • • • • • • • • • • • •	EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit ho		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affer the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ted by a change in ownership of the site. This permit is su	bject to compliance with the provisions of
Construction And		
<u>Construction Auth</u>	orization	
(Required for Building	<u>Permit)</u>	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are i with the attached system layout.	corporated by references into this permit and shall be met.	Systems shall be installed in accordance
KULED TO. BILL CLOPK HOMES BRODEDTY I	MATION PRODECISE RO	

ISSUED TO: DILL	LARK HO	mes pro	PERTY LOCATION:	FON	DEROSA KO	
	~	SUB	DIVISION CARO	LINA	, SGASONS	LOT # <u>~</u> Z
Facility Type: <u>SFD (37-&gt;</u> Basement? I Yes X No Type of Wastewater System**	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_ New 🗆	Expansion 🔲	Repair		
Basement? 🗆 Yes 🗡 No	_ Basement Fixtu	res? 🖸 Yes 🛛 🗙 No	C C	•		
Type of Wastewater System**	Pumpto	25% REDU	CTICH DUST	GM	(Initial) Wastewater Flow:	<u>480</u> GPD
(See note below, if applicable $\Box$ )						
-	Pumple	Number of trenches	<u>ハント</u> (Repair)			
Installation Requirements/Condition		Number of trenches	5		-	
Septic Tank Size 1000	gallons	Exact length of each tren	ch_ <u>&amp;O</u>	feet	Trench Spacing: <u> </u>	_ Feet on Center
Pump Tank Size	gallons	Trenches shall be installed			Soil Cover: 12-18	inches
		Maximum Trench Depth o	1: <u>24-30</u> i	inches	(Maximum soil cover shall	not exceed
		(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:
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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent:

