Harnett County Department of Public Health

HTE#14-5-34602

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Imp	rove	emen	t Pei	rmit

A building permit cannot be issued w	ith only ap Improvement Permit	
PROPERTY LOC	ATION: PONOEROSA RD	
SSUED TO: DILL CLARK HOMES SUBDIVISION	CAROLINA SEADONS	LOT # <u>79</u>
VEW A REPAIR C EXPANSION C STOCK STOCK	Site Improvements required prior to Construction Author	ization Issuance:
ype of Structure: <u>SED (45×55)</u>	· · ·	
Pronosed Wastewater System Type: 25% REDIVERED 24556 ND		
Projected Daily Flow 360 GPD		
lumber of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 🔀 No		
Pump Required: 🗆 Yes 🗡 No 🛛 🗆 May be required based on final location and elev	vations of facilities	
ype of Water Supply: \Box Community \sum Public \Box Well Distance from well _		Five years
Permit conditions:		Five years
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uthorized State Agent:: Date: _	11 5 12 SEE ATT	ACHED 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 CL	ARX HO	MES	PROPERTY LOCATION:	Por	NDEROSA RD		
	$\overline{}$		SUBDIVISION CAR	LOLIN	A BEAJUNS	LOT #	<u>ר</u> קר
Facility Type: <u>SEC (145</u> Basement? I Yes EX No Type of Wastewater System**	\times SS \mathcal{Y}	🕅 New 🔪	Expansion	Repair			
Basement? 🗆 Yes 🖹 No	Basement Fig	xtures? 🗆 Yes 🔵	X No	•		,	
Type of Wastewater System**	25%, 1	LEDUCTION	SYSSEM		(Initial) Wastewater Flow:	360	GPD
(See note below, if applicable \Box)		REDUCTION					
Installation Requirements/Condition		Number of trenche					
Septic Tank Size 1000	gallons	Exact length of ea	ch trench <u>150</u>	feet	Trench Spacing: $\underline{\gamma}$	_ Feet on Center	
Pump Tank Size	gallons		nstalled on contour at a		Soil Cover: 12-24		
		Maximum Trench D	lepth of: <u>24-36</u>	inches	(Maximum soil cover shall	not exceed	
		(Trench bottoms sh	all be level to $+/-1/4$ "		36" above the trench bot	tom)	
		in all directions)					
Pump Requirements:	ft. TDH vs	GPM				inches be	low pipe
					Aggregate Depth:	inches a	bove pipe
Conditions:							hes 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:	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 provision 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: Date:DAte:				



