## HTE# 14-5-347 34 Harnett County Department of Public Health

28044

Improvement Permit

A duliding permit cannot be issued wit	TION. Transfer retuint
	TION: TINGEN CO PATIONS POLUT LOT # 47
	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SCOCH3 13	site improvements required prior to construction ratherization resources.
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 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 eleva	ations of facilities
Type of Water Supply:   Community Public   Well Distance from well	feet Permit valid for: Five years
Permit conditions:	No expiration
	,
Authorized State Agent:	10/13/14 SEE ATTACHED SITE SKETCH
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	22 111110112 3112 3112 3112
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construction Au	thorization
(Required for Build	ing Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 a with the attached system layout.	
ISSUED TO: BILL CLARK HOMES PROPERTY	LOCATION: TINGEN RO
SUBDIVISION	ON PATIONS POINT LOT # 47
Facility Type: SFO(43^x57) X New Expansion	sion 🗆 Repair
Basement?  Yes No Basement Fixtures? Yes No	24-
Type of Wastewater System** 25% REDUCTION 3	ソちてEm (Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable )	
	(Repair)
Installation Requirements/Conditions Number of trenches	<u> </u>
Septic Tank Size 1000 gallons Exact length of each trench	
Pump Tank Size gallons Trenches shall be installed on c	
Maximum Trench Depth of: 15	
(Trench bottoms shall be level t	
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 S	EPTIC 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 specifi	ied on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Constru	iction 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 an	
	1 1
Authorized State Agent:	Date: 10 13 14

## Harnett County Department of Public Health Site Sketch



