## HTE# CPSF15.50036540 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: HAN FIFTY CALIBER DR	
ISSUED TO: ONSITE HOMES LLC SUBDIVISION PATIONS POINT	LOT # 29
NEW ★ REPAIR □ EXPANSION □ Site Improvements required prior to Cons	
Type of Structure: SFD (38×40)	traction Authorization issuance.
Proposed Wastewater System Type: Pume To 25%. REDUCTION Sys.	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: Cmax	
Basement	
Pump Required: Yes $\square$ No $\square$ May be required based on final location and elevations of facilities	
Type of Water Supply:  Community Public Well Distance from well feet Permit conditions:	it valid for: Five years  Mo expiration
1 lin	
Authorized Coate Assess	
Authorized State Agent::  Date: 8 22 IV  The issuance of this permit by the Health Department in no way guarantees—the insuance of other permits. The permit holder is responsible for checking with appropriate and the insuance of other permits.	SEE ATTACHED SITE SKETCH
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 p the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	joverning bodies in meeting their requirements. This ermit is subject to compliance with the provisions of
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 sha	all be made Conservation to the first live in the conservation of
with the attached system layout.	
ISSUED TO: ORSITE HUMES LLC PROPERTY LOCATION: 444 FIETY ( SUBDIVISION PATTONS POINT	PALISER De.
Facility Type: SFO (38 × 40) Repair	[0] # 8 1
Facility Type: STO 38 ×40   Mew   Expansion   Repair	
Basement?   Yes No Basement Fixtures?   Yes   No   Type of Wastewater System**   Pune To 25%   REDUCTION Sy3.   (Initial) Wast	TI 200 000
(See note below if conficients [])	ewater Flow: 360 GPD
(See note below, if applicable )	
Installation Requirements/Conditions  Number of trenches  1	9
	Feet on Center
2/	5-24 inches
	l cover shall not exceed
	ne trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Aggregate Depth	n: inches above pipe
Conditions: Lines Must BE BELOW FILL	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 spec	cifications of this narmit
Owner/Legal Representative Signature: Dat  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	e:
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.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: 8/2018	
Construction Authorization Expiration Date: 8/22/23	

## Harnett County Department of Public Health Site Sketch



