## HTE# 15-5-367262 Harnett County Department of Public Health

28481

Improvement Permit

A Duildin	PROPERTY LOCATION: ONLISS 3 Many RD
ISSUED TO: SIGNATURO Hore BID	
NEW ✓ REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD	The improvements required prior to construction Authorization issuance.
Proposed Wastewater System Type: 25% 128 Duc 7	
Projected Daily Flow: 360 GPD	<u>y                                     </u>
Number of bedrooms: Number of Occupants:	G max
Basement 🗆 Yes 🗆 No	
	sed on final location and elevations of facilities
Type of Water Supply:   Community Public V	
Permit conditions:	□ No expiration
Authorized State Agent: Marks	Date: 8-19-15 SEE ATTACHED SITE SKETCH
	issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .195	15, .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: Signature Home BIK	PROPERTY LOCATION: SOLESS MANY RID  SUBDIVISION LOT # _/
Facility Type:	SUBDIVISION
Basement?  Yes  No Basement Fixtures?	
	(Initial) Wastewater Flow: 300 GPD
(See note below, if applicable □)	(h. 1)
25°2 728-12	-2
	ber of trenches 5
	t length of each trench <u>80</u> feet Trench Spacing: Feet on Center
•	ches shall be installed on contour at a Soil Cover: inches
Maxi	mum Trench Depth of: <u>29</u> inches (Maximum soil cover shall not exceed
(Tren	nch bottoms shall be level to +/-1/4" 36" above the trench bottom)
in al	I directions)
Pump Requirements:ft. TDH vs GPM	, , , , , , , , , , , , , , , , , , ,
	Aggregate Depth: Z inches above pipe
Conditions:	
conditions.	indica total
WATER LINES /INCLUDING IDDICATION) MIIST DE 10E	T FROM ANY DART OF CERTIC CYCTEM OR DEDAID AREA
	T. 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 diff	ferent from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
Construction Authorization is subject to compliance with the provisions of the Law.	s and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Authorized State Agent:	Construction Authorization Expiration Date: 8-19-12-
	Construction Authorization Expiration Date: 2-15-20
	Construction Authorization Expiration Date.

HTE#	15-5-36726	12

Permit # <u>28481</u>

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	1853 MAN,	URD	
ISSUED TO: Signature Home BIDA	SUBDIVISION	W. W		_ LOT # <u></u>
Authorized State Agent:	John A	Date:	8-19/15	
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