HTE# 15-5-37261

Harnett County Department of Public Health

28621

Improvement Permit

A building permit cannot be issued with	h only an Improvement Permit	
A building permit cannot be issued with PROPERTY LOCAT	TION: TINGEN RD	
	PAJIONS POINT	LOT # <u>55</u>
NEW REPAIR C EXPANSION	Site Improvements required prior to Construction Authoriz	ation Issuance:
Type of Structure: SEO (34×4, W)		
NEW REPAIR EXPANSION D Type of Structure: SEO (34724 M) Proposed Wastewater System Type: Punc To 25% REDUCTION		
Projected Daily Flow: <u>360</u> GPD	1 <u></u>	
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No		
Pump Required Yes 🛛 No 🗌 May be required based on final location and eleva	tions of facilities	~ /
Type of Water Supply: Community Public Well Distance from well	O feet Permit valid for:	Five years
Permit conditions:		No expiration
111 111		•
	11	
Authorized State Agent: Date:	SEE ATTA	CHED 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 CLARK HI	OMES PROPERTY LOCATION:		
\sim	SUBDIVISION PATTONS	POINT	LOT #55
Facility Type: _ SED (34~×49')	New 🗆 Expansion 🗆 Repair		
Basement? Yes No Basement Fixt			
Type of Wastewater System** _ 25%	RED. SYS. Rume	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)			
25%0	Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size <u>) 🗢 O O</u> gallons	Exact length of each trench 150 feet	Trench Spacing:	Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: 6-24 in	ches
	Maximum Trench Depth of: 1836 inches	(Maximum soil cover shall no	ot exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	m)
	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: I understand the system type specified is different from the type specified on the application. I accept the sp	ecifications of this permit.
0 1 0	ate:
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 the	ere is a change in ownership of the site. This
Construction Authorization is applient 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: Date: Date: Date: Date:	20



