Harnett County Department of Public Health

HTE# 15-5-37290

28620

Improvement Permit

A building permit cannot be issued wi	ith only an Improvem	ent Permit	
PROPERTY LOC	ATION: TINGE	NRP	
	PATIONS	POINT	LOT # 56
NEWX REPAIR EXPANSION D Type of Structure: SFD 46757	Site Improvements	required prior to Construction Author	orization Issuance:
Type of Structure: SFD (46×57)	5 		
Proposed Wastewater System Type: 25% REPUCTION SYSTEM			
Projected Daily Flow: 360 GPD			
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 elev	ations of facilities		×
Type of Water Supply: Community Vell Community	00 feet	Permit valid for:	Five years
Permit conditions:			□ No expiration
1110			
	2 1		
Authorized State Agent:: Date: D	12/2/15	SEE AT	TACHED 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)

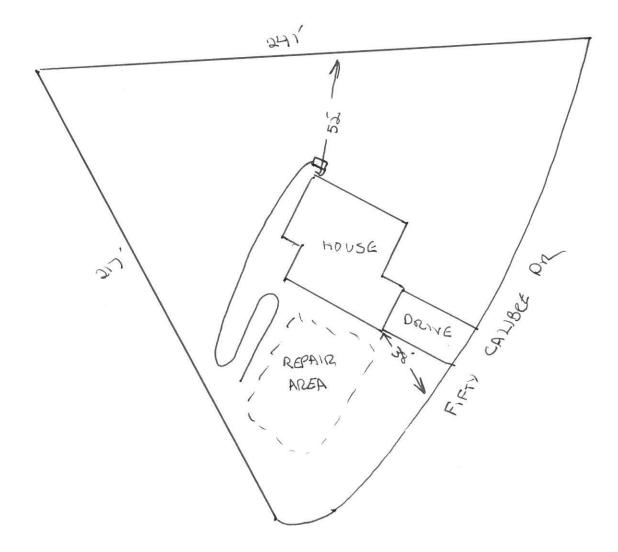
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: BILL CLARCE HO	MES PROPERTY LOCATION: 110	ACEN RD
$(\cdot, \cdot, -, \cdot)$	SUBDIVISION POTTON	S POINT LOT # 56
Facility Type: SFD (46×57)	New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes DK No Basement Fi	xtures? 🗆 Yes 🗡 No	_
Type of Wastewater System** _ 25 %	REDUCTION SUSTEM	(Initial) Wastewater Flow: <u>366</u> GPD
(See note below, if applicable \Box) 25% o	RED. 575. (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 150 feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6-24 inches
	Maximum Trench Depth of: <u>18-36</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	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 specified on the application of the system type specified is different from the type specified on the application.	pecifications of this permit.
Owner/Legal Representative Signature:	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 t	there is a change in ownership of the site. This
Construction Authorization in 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: Authorized State Agent: Date: Date:	540





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