HTE# 16-5-38364 Harnett County Department of Public Health

28839

Improvement Permit

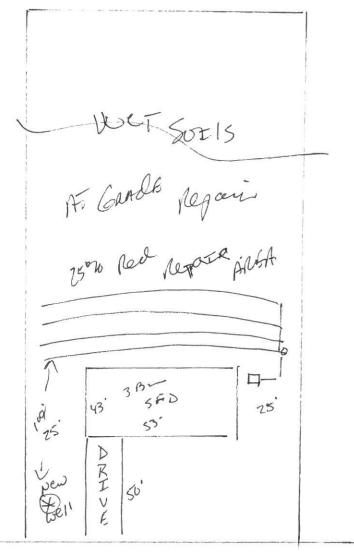
A	building permit can	not be issued with only	an Improvement	Permit	MELAND
ISSUED TO; Sign not ne Home B	Prildom	_ SUBDIVISION	x 1155	Antioch CAL	INT # S
NEW P REPAIR EXPANSIO		-		quired prior to Construction Author	
Proposed Wastewater System Type: 25° B 12Br	www				
Projected Daily Flow: 360 GPD		-			
Number of bedrooms: Number of Occup	ants: 6	max			
Basement 🗆 Yes 🖾 No					
Pump Required: 🗆 Yes 🗆 No 🗹 May be requi	ired baséd on final l	ocation and elevations o	f facilities		
Type of Water Supply: Community Public	🗹 Well Distar	ice from well _/00	/ feet	Permit valid for:	De Five years
Permit conditions:	111.2 2				□ No expiration
1	. /			100 (00)	
Authorized State Agent Arch	mt	Date:	1-20.11	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of othe				
site is subject to revocation 4-the site plan, plat, or the intended use c	hanges. The Improvement	Permit shall not be affected I	by a change in owne	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit				
	<u> </u>	·· • •	• .•		0
	Constr	uction Author	ization		
		uired for Building Per			
The construction and installation requirements of Rules .1950, .1952, .19	954, .1955, .1956, .1957,	.1958. and .1959 are incorpo	orated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.					
ISSUED TO: Signature Home	Builde	PROPERTY LOCAT	10N: 5x 17	35 Antirel CA	AURCHRS
-)	2	SUBDIVISION			LOT # _5
ISSUED TO: Signature Home	Dr New		Renair		
Basement? Yes V No Basement Fixt	tures? 🗆 Yes	No	nepun		
Type of Wastewater System** _25% 7260	JUST 40	siste-		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable \Box)	· · · · · · · · · · · · · · · · · · ·	- yo	1999		
2523 BDVC	Ron-St	Repa	air)		
Installation Requirements/Conditions	Number of trenc			57	
Septic Tank Size <u>/000</u> gallons	Exact length of	each trench <u></u> <u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons		installed on contour	at a		inches
		Depth of: $D \rightarrow l \not E$		(Maximum soil cover shall i	
		shall be level to +/-		36" above the trench both	
	in all directions)	aa aanaalaa ahaalaan ahaa iilaa	0003		/
Pump Requirements:ft. TDH vs	/			6	inches below nine
· · · · · · · · · · · · · · · · · · ·				Aggregate Depth:	inches above nine
Conditions:		10.000			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	t the specifications 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 transferre	d 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: Construction Authorization Expiration Date:	1-20-16

HTE# 16-5-38364	Permit #28839			
Harnett County Department of Public Health				
	Site Sketch			
PROPERTY LOCATON: SOL 1735 And Och CHUNCH RD				
ISSUED TO: Signature Home Buck Den	_ SUBDIVISION LOT # _ 5			
Authorized State Agent: James & Manhan	fertous Date: 4-20-16			



52 1735 ANTEOCL CH 12D