HTE# 16-539013

## Harnett County Department of Public Health

28912

**Improvement Permit** 

B C	PROPERTY LOCA	TION: Docs	Ro	
ISSUED TO: BILL CLARK Homes	SUBDIVISION _	PATTONS	POINT	LOT # 62
NEW   REPAIR □ EXPANSION □		Site Improvements req	uired prior to Construction Autho	orization Issuance:
Type of Structure: SFO (44, 250)		07		
Proposed Wastewater System Type: 25% RED VOTION	275.			
Projected Daily Flow: 360 GPD		8		
Number of bedrooms: 3 Number of Occupants: 6	max			
Basement Yes No				
Pump Required: □Yes ► No □ May be required based on fina			D	7
Type of Water Supply:  Community Public Well Dis	tance from well	1 OO_ teet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
			N. Harrison Co.	
Authorized State Agent::	)-)5 Date:	6 30 16	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of				
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
9 <del></del>	truction Au			
	Required for Build	· ·		and the same
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.				as shall be installed in accordance
ISSUED TO: BILL CLARK Homes	PROPERTY	LOCATION:	ous Ro	LOT # 62
Facility Type: SFD (44-50) New	ייים בייים בייים		10101	LUI #
racility Type:	w 🔲 Expan:	sion 🗆 Repair		
Basement?  Yes No Basement Fixtures? Yes  Type of Wastewater System**	No Sy		70 525 N AA7 2 2 7 FL	360 000
Type of Wastewater System** 25% REOUCT	100 07	27 CM	(Initial) Wastewater Flow:	GPD GPD
(See note below, if applicable )				
		(Repair)		
Installation Requirements/Conditions Number of tro		Jenn .	9	
	of each trench		Trench Spacing:	
	be installed on c		Soil Cover: 8.24	inches
	nch Depth of: $\frac{3}{2}$		(Maximum soil cover shall	
	ms shall be level t	to +/-1/4"	36" above the trench bo	ttom)
in all direction	ns)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF S	EPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A				
			1 1	( ) :
**If applicable: I understand the system type specified is different from	m the type specifi	ed on the application.	I accept the specifications of	this permit.
Owner/Legal Representative Signature:				
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 ar	nd Disposal and to the condition	ons of this permit. SEF	E ATTACHED SITE SKETCH
Made M			-1-1	
Authorized State Agent:	REHS	Date: _	6/30/16	
	instruction Author	rization Expiration D	, 10	000 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

## Harnett County Department of Public Health Site Sketch



