HTE# 16-5-39662

Harnett County Department of Public Health

29022

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit	
ISSUED TO: OMSINE HOMES LI	PROPERTY LOCATION: Sam GRASS CT	
	- Jobbinson - TT	LOT # <u>35</u>
NEW REPAIR DEXPANSION Type of Structure: SGO (27745)	N Site Improvements required prior to Construction Authoriz	ation Issuance:
Proposed Wastewater System Type: Punk To 3	-0/ P-1 - 1 - State 1	
Proposed Wastewater System Type: Pomo 16	210 MEDUCIUM CASIEM	
Projected Daily Flow: GPD	4	500 and
Number of bedrooms: Number of Occup	ants: O max	
Basement Yes No		
Pump Required: Yes No May be requi	red based on final location and elevations of facilities	Nr.
Type of Water Supply: Community Public Permit conditions:	□ Well Distance from well <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Five years
Termit conditions.		☐ No expiration
Authorized State Agent::	Date: 9/19/16 SEE ATTA	CHED SITE SKETCH
	tees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in n	
site is subject to revocation if the site plan, plat, or the intended use ci the Laws and Rules for Sewage Treatment and Disposal and to condition	nanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to co	ompliance with the provisions of
	Construction Authorization	
	(Required for Building Permit)	
	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems s	hall be installed in accordance
with the attached system layout.		
ISSUED TO: UNSITY PROMES L	PROPERTY LOCATION: SAW GRASS CO SUBDIVISION WALNUT GROVE	
Facility Type: SFD (57 243)	SUBDIVISION MALNIC GEORE	LOT # <u>25</u>
	_ ── New □ Expansion □ Repair	
Basement? Yes No Basement Fixt	ures? Yes No	
Type of Wastewater System** Pump 30	25% REDUCTION SYSTEM (Initial) Wastewater Flow:	480 GPD
(See note below, if applicable \square)	0-20 6	
Pump)	0 25% DCD . 575_ (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 240 feet Trench Spacing:	Feet on Center
Pump Tank Size gallons		ches
	Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall no	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	
	in all directions)	III)
Pump Requirements:ft. TDH vs		
rump kequirementsnt. 10ft vs	_ Urn	inches below pipe
Conditions: Some ADDITIONAL	Many Ba Qaana Aggregate Depth:	
rouditions: Some HODILIMAT	THY PE MEGVIRED	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		
<u>^^If applicable:</u> I understand the system type specified	is different from the type specified on the application. I accept the specifications of the	is permit.
Owner/Legal Representative Signature:	Date:	
	at, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in own	ership 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.	ITACHED SITE SKETCH
	1 1	
Authorized State Agent:	Date: 9 14 16	_
	Construction Authorization Expiration Date:	

HTE#	16-539682
піс#	10 1000

Permit # 29022

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SAW GRASS C	
ISSUED TO: CHESTE HOMES LLC	SUBDIVISION WALNUT GROVE	LOT # 25
	HS COLINER TOLKSDORD Date: 9/19/14	LOT #
	DEPARA !	
	3 15' PATIO HOUSE	
	D 60	

SAW GRASS CT.