HTE# 16-5-3974]

## Harnett County Department of Public Health

29037

Improvement Permit

A build	ng permit cannot be issued with			
800 Nover 1	PROPERTY LOCATI	^		
ISSUED TO: BRCHOMES INC	SUBDIVISION	QUAIL 6	LEN	LOT # _ <u>2</u>
NEW □ EXPANSION □	]	Site Improvements req	uired prior to Construction Author	orization Issuance:
Type of Structure: 5 FO (60×65')				
Proposed Wastewater System Type: 25% REDUCTI	ON SYSTEM			
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants:	8 max			# Heeco
Basement  Yes No				
Pump Required: □Yes □ No ➤ May be required b	ased on final location and elevati	ions of facilities		
Type of Water Supply:   Community Public	Well Distance from well \	60 feet	Permit valid for:	Five years
Permit conditions:	Well Distance from well 1		Termit rand for.	☐ No expiration
Termit conditions.			- XIII SOSOMOMOTO CO	- No expiration
	****		E 18389	
Authorized Cente Accepts	RGHS Date:	10/5/16	CEE AT	TTACHED SITE SKETCH
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the				
site is subject to revocation if the site plan, plat, or the intended use changes.				
the Laws and Rules for Sewage Treatment and Disposal and to conditions of the		nected by a change in owne	, any v 2101 1 parimit is 140,000	· · · · · · · · · · · · · · · · · · ·
	Construction Aut	havization		
	Construction Aut	HOLIZATIOH		
	(Required for Building	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1	955, .1956, .1957, .1958. and .1959 are	incorporated by references	into this permit and shall be met. Syster	ns shall be installed in accordance
with the attached system layout.				
ISSUED TO: BRC HOMES INC	PROPERTY	LACITION SE	TER CT	
DYNED 10: DACC 101302 FAC	Land to the state of the state	~		
(==((==(==)		N QUAIL	Gran	LOT # <u>2</u>
Facility Type: 550(60'×65')	New 🗆 Expansi	on 🗆 Repair		
Basement?  Yes  No Basement Fixtures?	☐ Yes ➤ No			No. 15-27-1992 days
Basement? ☐ Yes ☐ No Basement Fixtures?  Type of Wastewater System**	U Yes X No	EM	(Initial) Wastewater Flows	: 480 GPD
(See note below, if applicable			(minal) wastewater from	
See note below, II applicable Expenses to S	100/ RED	(D · )		
	1	_(Repair)		
	mber of trenches		9	
Septic Tank Size 1000 gallons Ex	act length of each trench 之	.76 feet	Trench Spacing:1	_ Feet on Center
	nches shall be installed on co		Soil Cover: 20	inches
	ximum Trench Depth of:		(Maximum soil cover shall	
	ench bottoms shall be level to	T/-1/4	36" above the trench bo	ttom)
	all directions)			
Pump Requirements:ft. TDH vs GI	M		<u> </u>	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MIST BE 10	ACT EDOM ANY DART OF CE	DTIC CVCTEM OD I	DEDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10		HIIC 2121FW OK I	KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAII	N FIELD AREA.			
**If a live land and and the sustain time and itself is a	litterant from the time energies	d on the application	Laccont the energializations of	( this narmit
**If applicable: I understand the system type specified is a	interent trom the type specified	a on the application.	. I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or	the intended use changes. The Construct	tion Authorization shall not l	be transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the L	aws and Rules for Sewage Treatment and	Disposal and to the conditi	ons of this permit.	E ATTACHED SITE SKETCH
1/1 ///			1 .	
Authorized State Agents	REHS	Date:	10/5/16	
Authorized State Agent:  Construction Authorization Expiration Date: 10 5 16  Construction Authorization Expiration Date: 10 5 16				
7		gi dan sa sa	1/2	

## Harnett County Department of Public Health Site Sketch

200	PROPERTY LOCATON: SETTER CT.	
ISSUED TO: Bac Hom	165 14C SUBDIVISION QUAIL GLEN LOT #	9
Authorized State Agent:	CEHS OLIVER TOLKSDORF) Date: 10 5 16	
*STUB PLUMBING	SHALLOW TO AVOID A RUMP.	
	MERORD SWITCH INITIAL AND REPORT ADER	

