HTE# 16-5-37968

Harnett County Department of Public Health

29093

Improvement Permit

A	building permit cannot be issued with only an in	mprovement Permit	
ISSUED TO: Signature Home BIL	SUBDIVISION	1 1 30 ANTIOC CHURCO	LOT # C
NEW REPAIR EXPANSIO		vements required prior to Construction Autho	
Type of Structure:	-	remains required prior to construction number	TILABOTI ISSUANCE.
Proposed Wastewater System Type: 25 200	2		
Projected Daily Flow: 360 GPD	-		
Number of bedrooms: Number of Occup	pants: max	00	
Basement Yes No			
	ired based on final location and elevations of faci	lities	/
Type of Water Supply: Community Public Permit conditions:	Well Distance from well 100	_ feet Permit valid for:	✓ Five years✓ No expiration
	1 DOMAS		
Authorized State Agent::	AZARA Date: //-	9-16 SEF ATT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	ntees the issuance of other permits. The permit holder is response	onsible 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 of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be affected by a cl	hange in ownership of the site. This permit is subject to	compliance with the provisions of
the caws and noies for sewage freatment and disposal and to condition	s of this permit.		
9	Company of the August	.*	
	Construction Authorizat	tion	
_	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 are incorporated	by references into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Signature Hone B1.		3N735 Antioche	
Tarilla Turn	SUBDIVISION		LOT # <u>C</u>
Facility Type:	New Expansion	Repair	
,	ures? Yes No		21.12
Type of Wastewater System**	5 % les vitas	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)	254 10		
V	254 rel (Repair)		
Installation Requirements/Conditions	Number of trenches	9	
Septic Tank Size 1000 gallons	Exact length of each trench 120	feet	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a		inches
	Maximum Trench Depth of:	_ inches (Maximum soil cover shall i	not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	iom)
	in all directions)	/	
Pump Requirements:ft. TDH vs	_ GPM	6_	inches below pipe
2		Aggregate Depth: 2	inches above pipe
Conditions:			12 inches total
		100	
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYST	TEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**If applicable: I understand the system type specified	is unierent from the type specified on the a	pplication. I accept the specifications of t	this permit.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, pl		Date:	
Construction Authorization is subject to revocation if the site plan, places of the compliance with the provisions of	at, or the intended use changes. The Construction Authorization	on snall not be transferred when there is a change in or	wnership of the site. This ATTACHED SITE SKETCH
The second secon	A	or the continuous of this permit.	ATTACHED SHE SKEICH
Authorized State Agent: Date: 11-9-14 Sconstruction Authorization Expiration Date: 11-9-21			
() delant	Sonstruction Authorization Exp.	iration Date: 11-9-2	1

Harnett County Department of Public Health Site Sketch

ISSUED TO: Syspature Home BIDNS SUBDIVISION ______ LOT # C Authorized State Agent: Date: 11-9-16 107 1 AT ATA 45

SN1735 Autrock chroner RD