## HTE# 16-5-40431 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: Cunherland Hones Two SUBDIVISION BOLL AND 10T # 174		
	te Improvements required prior to Construction Authorization	LOT # 154
Type of Structure:SFD	te improvements required prior to construction Authorization	on issuance.
Proposed Wastewater System Type: 25% Rodunter		_
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants: max		
Basement Yes No		
Pump Required: 🗖 es 🗆 No 🗆 May be required based on final location and elevation	ns of facilities	
Type of Water Supply:  Community Public Well Distance from well  Permit conditions:		Five years  No expiration
1 1 1 have		
Authorized State Agent: Date:	7 - / 18 CEE ATTACHE	D CITE CVETCU
Authorized State Agent:  Date:  Date:  SEE ATTACHED SITE SKETCH  The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revolation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		
Construction Author	orization	
(Required for Building		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are inc with the attached system layout.	corporated by references into this permit and shall be met. Systems shall	be installed in accordance
ISSUED TO: Wasselm & Homes FIC PROPERTY LO	2 1	2 DD
SUBDIVISION SUBDIVISION		_ 101 # 259_
Facility Type: New Dexpansion  Basement? Yes No Basement Fixtures? Yes No	☐ Repair	
1 2 1 1 1	A TOWN IN S	/ 10
Type of Wastewater System**  (So pate below if applicable 1)	(Initial) Wastewater Flow:	GPD GPD
(See note below, if applicable ()	. 1	
Installation Requirements (Conditions	epair)	
Installation Requirements/Conditions  Number of trenche  Section Teach Size (Conditions)	9	
Septic Tank Size gallons Exact length of each trench		t on Center
Pump Tank Size gallons Trenches shall be installed on conto		
Maximum Trench Depth of:	inches (Maximum soil cover shall not e	exceed
(Trench bottoms shall be level to +	7/-1/4" 36" above the trench bottom)	
in all directions)	6	
Pump Requirements:ft. TDH vs GPM		_ inches below pipe
Conditions: Follows Carse/tants Catest Co	Aggregate Depth: Z	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE LOST FROM ANY PART OF CERT	TIC CVCTEN OR REPAIR AREA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPT NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	IC SYSTEM UK KEPAIK AKEA.	
**If applicable: I understand the system type specified is different from the type specified on the application. I accept 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 Construction Authorization is subject to compliance with the provisions of the laws and Bules for Source Treatment and Dis		•
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: 7 - 6 - 18		
Construction Authorizati	ion Expiration Date: $7 - 1 - 23$	

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 36/437 Sallmal PD

ISSUED TO: Carchaeled Horas Tax C SUBDIVISION Sellar Lacos LOT # 134

Authorized State Agent: Date: 7-6-18

3BM SPD DRAW ESM