30038

HTE# 17-5-4199612

Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NAVAMO TRBIL ISSUED TO: PRECISION CUSTOM HOMES SUBDIVISION SUMMERLIN LOT # 18 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (50×45) Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 GPD 3 Number of Occupants: 6 max Number of bedrooms: Basement Tes Pump Required: ☐Yes 🔀 No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well feet Permit valid for:

Permit conditions: FENCE OFF FLAGGED Dann FIELD TO PREVENT ANY Five years ☐ No expiration IRAFFIC FROM DISTURBING THE AREA Authorized State Agent::

Date: 4 26 19

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 revocation 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 Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: PROPERTY LOCATION: LOT # ___ SUBDIVISION Facility Type: ____ ☐ Expansion ☐ Repair Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD (See note below, if applicable

) Number of trenches _____ Installation Requirements/Conditions Exact length of each trench ______ feet Trench Spacing: _____ Feet on Center Septic Tank Size _____ gallons Soil Cover: ______inches Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: ______ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM _____ inches below pipe Aggregate Depth: inches above pipe Conditions: inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. Owner/Legal Representative Signature: ___

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

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 and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

404 - 1200 4		
Authorized State Agent:	Date:	
	Construction Authorization Expiration Date:	