HTE# 18-5-43344

Harnett County Department of Public Health

30012

Improvement Permit

	^ '	building permit can	PROPERTY LOCA	TION:	non C2	Lu Da	
ISSUED TO: REPAIR	Cussom	Homes	SUBDIVISION	Summe	52616	1	LOT # 34
NEW REPAIR	EXPANSION			Site Improvem	ents requi	red prior to Construction	
lyna of \tructura.							
Proposed Wastewater System Type: _	2570 RCOU	(C10-1545	TIA (Pu	me)			
Projected Daily Flow:							
Number of bedrooms:	GPD _ Number of Occupa	ints:	_max				
Basement □Yes ☑ No							
Pump Required: Ves No							
Type of Water Supply: Commun						Permit valid f	
Permit conditions:							☐ No expiration
The same of the sa					-	-	
Authorized State Agents	Carried Contract	2515	Date:	3/3/	14	CI	E ATTACHED CITE CHETCH
Authorized State Agent:: The issuance of this permit by the Health Dep				holder is responsib	le for checkin		EE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, p the Laws and Rules for Sewage Treatment and	plat, or the intended use ch	anges. The Improvement	Permit shall not be	affected by a change	e in ownersh	ip of the site. This permit is su	bject to compliance with the provisions of
		Constr	uction Au	thorizatio	<u>on</u>		
			uired for Build				
The construction and installation requirements with the attached system layout.							
Facility Type:	Custom	Homes	PROPERTY	LOCATION: _	Sum	mezul Da	
Facility Type:	sfolsoxs0	New New	SUBDIVISIO Expans	sion 🗆 I	Repair	LVV	LOT #
Basement? Yes No	Basement Fixtu	ires? 🔲 Yes	□ No	_ 4	034		
Basement? ☐ Yes ☐ No Type of Wastewater System**	Pump To a	35% RCO	VOTION	System	Q !	(Initial) Wastewater	Flow: GPD GPD
(See note below, if applicable)	25% Ro				- (
			(.	_(Kepair)			
Installation Requirements/Condition		Number of trenc		10		0	
Septic Tank Size	gallons	Exact length of		1		Trench Spacing:	
Pump Tank Size	gallons	Trenches shall be				Soil Cover:6	
		Maximum Trench			inches	(Maximum soil cover	
		(Trench bottoms		0+/-1/4"		36" above the trenc	h bottom)
		in all directions)					
Pump Requirements:	_ft. TDH vs	GPM					inches below pipe
						Aggregate Depth:	inches above pipe
Conditions:							inches total
WATER LINES (INCLUDING IRR NO UTILITIES ALLOWED IN INIT	THE RESERVE OF THE PARTY OF THE			EPTIC SYSTEM	M OR RE	PAIR AREA.	
**If applicable: / understand the sy	vstem type specified	is different from	the type specific	ed on the appi	lication. I	accept the specification	os of this permit.
Owner/Legal Personnessing Ci-	uro:					Date	
Owner/Legal Representative Signate This Construction Authorization is subject to re			ahanan Th. C	ation Aught in the	hall and h	Date:	: ti (a) : **:
Construction Authorization is subject to complic			1000				SEE ATTACHED SITE SKETCH
Construction Authorization is subject to comple	ance with the broatzions of	the Lams and Aules for	Jewage Treatment an	u Disposal and to th	ne conuttons	or this perillit.	SEE MINCHED SHE SKEICH
Authorized State Agent:		RCHS				7 20 N	
		Const	ruction Author	ization Expira	ation Dat	e: 3/20/20	

HTE#	18-	5-	413384

Permit # _________

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	Summellin	Da.	
ISSUED TO:		Summellin		LOT # 34
			silvels	
Authorized S	tate Agent:	Date:	1-110	

