30034

HTE# 18-5-43710

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO: SIGNATURE HOME BUILDERS SUBDIVISION THOMAS MANUE Type of Structure: SFD (55 250) Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement Yes No Type of Water Supply:

Community Public

Well Distance from well _______ feet Permit valid for: Five years Permit conditions: ■ No expiration Date: 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 PROPERTY LOCATION: 61 PINTAIL DR.
SUBDIVISION 1100MAS MANOR LO ISSUED TO: SIGNATURE HOME BUILDERS Facility Type: SGO (55×50) New Expansion Repair Basement? Yes No Basement Fixtures? Yes No 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable Installation Requirements/Conditions Number of trenches \ Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 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: 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. **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: 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. Authorized State Agent: ____ Construction Authorization Expiration Date:

HTE#	18-	5-	43710	

Permit # 30034

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 61 PINTAIL Da.	
ISSUED TO: SIGNATURE HOME BUILDERS SUBDIVISION THOMAS MANOR	LOT # 34
Authorized State Agent: Date: 417 58	
	1991

OLO US42)

