HTE# 18-5-43-174

Harnett County Department of Public Health

Improvement Permit

A b	building permit cannot be issued with only an Improvement Permit
801000 C 1100	HOMES SUBDIVISION SUMMERZIA LOT # Q4
NEW X REPAIR \(\tag{FFAIR} \)	Site Improvements required prior to Construction Authorization Issuance:
NEW STructure: SED (60 -50)	The improvements required prior to constitution Authorization issuance.
Proposed Wastewater System Type: Pump To 25	Vo REDUCTION STS.
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupa	unts: 8 max
Basement □Yes ⋈ No	
	ed based on final location and elevations of facilities
Type of Water Supply: Community Public	☐ Well Distance from well feet Permit valid for: Five years
Permit conditions:	□ No expiration
	1-1
Authorized State Agent::	RGHS Date: 4 30 18 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees in subject to revocation if the site plan plat or the intended use the	the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This anges. 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	
	Construction Authorization
The construction and installation requirements of Bules 1950, 1953, 191	(Required for Building Permit) 54, .1956, .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: PRECISION CUSTOM	HOMES PROPERTY LOCATION: BEAUTIFUL LN SUBDIVISION SUMMERLIN LOT # 24
Facility Type: 5FO(60'×50)	SUBDIVISION Summer LOT # 24
Facility Type: 5FOCO ×50	🗷 New 🗆 Expansion 🗆 Repair
Basement? Yes No Basement Fixtu	ures? 🗆 Yes 🗆 No
Type of Wastewater System** Pumo To	25% REDUCTION SYSTEM (Initial) Wastewater Flow: 490 GPD
(See note below, if applicable □)	5/ 2
PumeT	0 25% RED. Sys (Repair)
Installation Requirements/Conditions	Number of trenches
Septic Tank Size 1600 gallons	Exact length of each trench >> feet Trench Spacing: 9 Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a Soil Cover: inches
Sullons	Maximum Trench Depth of: \(\sqrt{\qqt}}}}}}} \qqrt{\qqt}}}}}} \qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqqt}}}}} \qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqrt{\qqqt{\qqqt}}}}} \qqrt{\qqrt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt}}}}} \qqrt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt{\qqqt}}}}} \qqqqqqqqqqqqqqqqqqqqqqqqqqqq
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
	Control of the Contro
D D :	in all directions)
Pump Requirements:ft. TDH vs	
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	
**!!!!!!!	is till and for the transmitted or the section of the section of the section of the section of
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:
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
The state of the s	N
Authorized State Agent:	Date: 430)8
•	Construction Authorization Expiration Date: 13003

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: BEAUTIFUL LN.

SUMMERZIN LOT # 24

Authorized State Agent: Date: 4 30 18

