HTE#/2-5-29987 Harnett County Department of Public Health

Improvement Permit

27216

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SA 1560 Fostus SUBDIVISION NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: Number of Occupants: _ 8 Number of bedrooms: Basement □Yes May be required based on final location and elevations of facilities Pump Required: □Yes ☐ No Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agents. 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: Clay-ton Homes PROPERTY LOCATION: 5721560 Festus RD SUBDIVISION Expansion

Repair Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** 25% REIDUCTON System System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable \square) Installation Requirements/Conditions Number of trenches 4/ Exact length of each trench ______ feet Trench Spacing: ______ Feet on Center Septic Tank Size 1200 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20-22 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SAC	Fastus RS	
ISSUED TO: Clayton Homes	SUBDIVISION	LC	ot # <u>_5</u>
Authorized State Agent:	Markanter	Date: // -/ -/ 2_	
Authorized State Agent.	p p www.		

