30242

HTE#<u>SFD1811-000</u>9

Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: 142 BEAUTIFUL LN
ISSUED TO: POECISION CUSTOM HOMES	SUBDIVISION Symmery LOT # 26
NEW \ REPAIR □ \ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SEO (50×50)	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
	iax
Basement Yes No	
Pump Required: ☐Yes ☐No ☐ May be required based on final loc	ation and elevations of facilities
Type of Water Supply: Community Public Well Distance	from well feet Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agent::	CTT ATTICUTE CITE CUSTON
	Date: SEE ATTACHED SITE SKETCH Dermits. 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 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.	
Constru	ction Authorization
(Requ	ired for Building Permit)
with the attached system layout.	958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: PRECISION CUSTOM HOMES	PROPERTY LOCATION: 142 BEBUTIFUL LN SUBDIVISION SUM MERCHIN LOT # QC
Facility Type: SED (50150) X New	□ Expansion □ Repair
Basement? Yes No Basement Fixtures? Yes	NO
	YSTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable \square)	S. a. a. a. a.
25% REDUCTION	
Installation Requirements/Conditions Number of trenche	's
	ch trench feet
	installed on contour at a Soil Cover: inches
Maximum Trench I	Depth of: inches (Maximum soil cover shall not exceed
(Trench bottoms sl	nall 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 AN	Y 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: Date:	
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:	36H5 Date: 11/21/181
	ction Authorization Expiration Date: 12 2
Constitu	State Harristeation Expiration Date.

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 142 BEAUTIFUL LN

ISSUED TO: PROPERTY LOCATON: 142 BEAUTIFUL LN

LOT # 26

Authorized State Agent: Date: 1121 18

