29994

HTE#\_\_\_\_\_

## Harnett County Department of Public Health

## **Improvement Permit**

A building permit cannot be issued with only an Improvement Permit ISSUED TO: CFT Homes -NC., LIC SUBDIVISION Avery Port LOCATION: 5x 1425 Chalybeals NS

NEW REPAIR | EXPANSION | Site Improvements required prior to Construction Authorization Issuance: \_SFD Type of Structure: Proposed Wastewater System Type: 25% REDUCTOR Projected Daily Flow: \_\_\_\_\_\_ GPD Number of bedrooms: \_\_\_\_\_\_ Number of Occupants: \_\_\_\_\_\_ max 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 Permit valid for: Permit conditions: ■ No expiration Authorized State Agent::

Date: 1-Z-19

SEE ATTACHED SITE SKETCH

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 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 ISSUED TO: LGI Homes N.C. UC

PROPERTY LOCATION: SKI423 Chalybeate PD

SUBDIVISION Avery Pond

Supplied to PD

Supplied to PD Type of Wastewater System\*\* 25% TOBOCTUN SYSTA (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Number of trenches 4 Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons 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 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. Construction Authorization Expiration Date: 1-2-24

Permit # 2999 4

## Harnett County Department of Public Health Site Sketch

		Homes - N.	PRO	OPERTY LOCATON	\$1.1429	Cha	labeate Zi	>	
ISSUED TO:	LGI	Homes - N.	C. UC	_ SUBDIVISION _	Aven	Pono		LOT #	195
Authorized State	Agent:	janes &	MANA	and to	7843	Date:	1-2-19		

