HTE# 5001903-0005

## Harnett County Department of Public Health

**Improvement Permit** 

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A boliding perilit calliot be issued with only an improvement Permit
ISSUED TO: Southern Touch Hones PROPERTY LOCATION: 451 Co Holder Los (Overhills 2d.)
NEW REPAIR   EXPANSION   Site Improvements required prior to Construction Authorization Investor Inves
Type of Structure: 352 90 754' 550
Proposed Wastewater System Type: 25% nedoction
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement Yes INO
Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevations of facilities
Type of Water Supply:  Community Public Well Distance from well A feet Permit valid for: Permit valid for:
Permit conditions: No expiration
Authorized State Agent:: 6 COUM 145 Date: 03/25/2017 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 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.
<u>Construction Authorization</u>
(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 rayout.
ISSUED TO: Southern Touch Hones PROPERTY LOCATION: 451 C. Holder Ln. Coverhills rd SUBDIVISION LOT # 2
CURDIVICION 101 HOLD
Facility Type: 387 90 x 54 STO New Expansion Repair
Basement? Yes Basement Fixtures? Yes No
The last two cases and the cases are the cases and the cases are the case are the cases are the cases are the case are the case are the cases are the case
Type of Wastewater System** 25% Nedockion System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable $\square$ )
25% reduction sys. (Repair)
Installation Requirements/Conditions Number of trenches 3
Consider Touch Class 1 Constant Touch Class 1
T. I. C. T. I. C. T. I. C. T.
W. S. T. L. S. L.
Maximum Trench Depth of: 24 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 nine
Aggregate Depth: inches below pipe inches above pipe
inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 1057 FROM ANY RADE OF THE PROPERTY
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
IO 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.
the application. I accept the specifications of this permit.
wner/Legal Representative Signature:
wher/Legal Representative Signature:
onstruction 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
SEE ATTACHED SITE SACTUM
uthorized State Agent:
ANDREW CORNING Construction Authorization Expiration Date: 03/25/2024

## Harnett County Department of Public Health Site Sketch

		Old Old		52 1120
		PROPERTY LOCATON: 4	51C. Holder L	n. (auchills rd)
ISSUED TO: _ Sou El	en Touch House	SUBDIVISION		LOT # _ R
		-//		
Authorized State Agent: _	S/Mm	Com MHS	Date: 03	125/2019
	AMOSA	EN WANN		
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