Harnett County Department of Public Health

Improvement Permit

A Duilding	permit cannot be issued with only an improvemen	ME SCHULLY ND (52 1514)
ISSUED TO: SOUTHERN TOUCH HOME	SUBDIVISION STERMENS	N FACUS 101 # 2
NEW □ REPAIR □ EXPANSION □		quired prior to Construction Authorization Issuance:
Type of Structure: 4-DESTROOM GO'XGO'		
Proposed Wastewater System Type: 25% 12500000	> 575,	
Projected Daily Flow: 486 GPD		
Number of bedrooms: Number of Occupants:	8max	
Basement Yes No		
	d on final location and elevations of facilities	The state of the s
Type of Water Supply: Community Public W	ell Distance from well feet	Permit valid for:
Permit conditions:		No expiration
Authorized State Agent::	1/15 Date: 06/24/	2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the i		
site is subject to revocation if the site plan, plat, or the intended use changes. The	e Improvement Permit shall not be affected by a change in own	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this	ermit.	
	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: DOWNERD TOUGH HOMBS	PROPERTY LOCATION: 750	MAMIE GREHUALH 2D (ST 1574)
133000 10.		SON FARMS LOT # 2
Facility Type: 482 60'x60' STOS	New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No		
Type of Wastewater System**	REDUCTION SISTEM	(Initial) Wastewater Flow: 48 GPD
(See note below, if applicable ((IIIIIai) Wastewater Flow OF D
	ON SISTEM (Repair)	
	er of trenches 3	
	length of each trench	Trench Spacing:
	nes shall be installed on contour at a	Soil Cover: /a inches
,		
	num Trench Depth of: 24 inches	(Maximum soil cover shall not exceed
	h bottoms shall be level to +/-1/4"	36" above the trench bottom)
	directions)	► △
Pump Requirements:ft. TDH vsGPM		inches below pipe
A service and		Aggregate Depth: inches above pipe
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F1		REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	IELD AREA.	
**If applicable: 1 understand the system type specified is diffe	rent from the type specified on the application	accent the specifications of this permit
in applicable. I amortistand the system type specimed is once	the nom the type specimes on the appreasion	raccept the specimentons of this perime.
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	
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 (tate Agent)	The Date of the Da	Holad 1200th
Authorized State Agent: Construction Authorization Expiration Date: Colar 2025		
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Harnett County Department of Public Health Site Sketch

