Harnett County Department of Public Health

Improvement Permit

A bulluling permi	PROPERTY LOCATION: 208 HOBSON 20A (51 1712)	
ISSUED TO: SIGNATURE LIGHE BLDS	SUBDIVISION LOT # 4A	
NEW □ REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: 3-BEDROOM 57'x50' SFE		
Proposed Wastewater System Type: 25% 150cmo.		
Projected Daily Flow: 3 GG GPD		
Number of bedrooms: 3 Number of Occupants: 6	may	
Basement Tres No		
	final location and elevations of facilities	
Type of Water Supply: Community Public Well		
Permit conditions:	No expiration	
0 0		
Authorized State Agent::	Date: 07/01/2020 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	
	ovement 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.		
-	- A A A C - C	
Cor	nstruction 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.		
WHEN TO SIGNATURE HELDE	DDADEDTY LOCATION: 208 HOBSON 10AD (511712)	
1330ED 10	PROPERTY LOCATION: 208 HOBSON 20AS (31712) SUBDIVISION LOT # 4A	
Facility Type: 3-B2 57 ×50' SFD	New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes	es No	
	(Initial) Wastewater Flow: GPD	
(See note below, if applicable)		
AT-CARGE REP	(Repair)	
Installation Requirements/Conditions Number of	trenches 3	
Septic Tank Size \ coc gallons Exact length	th of each trench	
	nall be installed on contour at a Soil Cover: 8 inches	
	French Depth of: 20 inches (Maximum soil cover shall not exceed	
	to the control of the	
	ttoms shall be level to +/-1/4" 36" above the trench bottom)	
in all direct		
Pump Requirements:ft. TDH vsGPM	inches below pipe	
	Aggregate Depth: inches above pipe	
Conditions: CLAWITT TO D-BOX Ea	IAE DISTRIBUTION MA inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	OM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD		
**If applicable:	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 intende	led 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 Rule	sles for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: 09/01/2020		
	Construction Authorization Expiration Date: 09/01/2025	
	AND	

Harnett County Department of Public Health Site Sketch

Property Location: 208 HOBSON TOAD (ST. 1712) Issued To: 516NATURE HOME BLDS Subdivision	Lot # 4A
Authorized State Agent:	Date:
198' WELL WELL	* COLDITY TO D-BO EGUAL DISTRIBUTION * ADDITALL STS. AS HIGH OPHILL AS LONTOUR ALLOWS
This drawing is for illustrative purposes only. System installation must meet all pertine	nt laws, rules, and regulations.