Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 465 BLYANT 1645 (SN 1720) SIGNATURE HOME BLOS ISSUED TO: NEW X EXPANSION | Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 4-BEDROOM 59'X48'55 Proposed Wastewater System Type: 25% RESEXTION Projected Daily Flow: 486 ___ GPD Number of bedrooms: Number of Occupants: Basement Yes No 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 NA feet Permit valid for: Eive years Permit conditions: ■ No expiration Authorized State Agent:: Date: 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. 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: SIGNATURE HOME BLDS PROPERTY LOCATION: 465 BZZANT 10 (521720) SUBDIVISION Facility Type: 432 55 X48 355> New Expansion Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** 25% NOWCOTON SISTEM (Initial) Wastewater Flow: 480 (See note below, if applicable) 25% NEDXCION 515, Installation Requirements/Conditions Number of trenches Septic Tank Size 1250 gallons Exact length of each trench 50 Pump Tank Size _____gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 (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 pipe ~ inches above pipe GRAVITY TO D. BOX EQUAR 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. Date: 69/14/2020 Authorized State Agent: Construction Authorization Expiration Date: 69/14/20,25 ANDTERS CUMIN

Harnett County Department of Public Health Site Sketch

Property Location: 465 BRYANT ROAD (S1 1720)	
Issued To: SILDATURE HOME BLOS Subdivision	Lot #
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This drawing is for illustrative purposes only. System installation must m	at all partinent lave sules and an extension
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BRANT 20AD (ST 1720)	
1720)	