Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Signature Home Blds	PROPERTY LOCATION: 212 HODSON Road (SR 1/12)
NEW REPAIR EXPANSION	SUBDIVISION Paul & Margaret Foisy LOT # 4B
Type of Structure: 61x51 sfd, 4 beds 3.5 baths	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction Sys.	
Projected Daily Flow: 480 GPD	
Number of bedrooms: 4 Number of Occupants: 8	max
Basement Yes X No	1114X
- <u> </u>	al location and elevations of facilities
Type of Water Supply: Community Public Well Dis	stance from well 100+ feet Permit valid for:
Permit conditions:	No expiration
	No expiration
Authorized State Agent:	Date: 09/28/2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o	other permits. The permit holder is responsible for checking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	ent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the case and soles for senage meaninent and proposal and to conditions of this permit.	
ſ	And in the second
<u>Lons</u>	truction Authorization
(I	Required for Building Permit)
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 19	157, .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: 212 Hobson Road (SR 1712)
	SUBDIVISION Paul & Margaret Foisy LOT # 4B
Facility Type: 61x51 sfd, 4 beds 3.5 bat New	
Basement? Yes No Basement Fixtures? Yes	□ No
Type of Wastewater System** 25% Reduction System	THE RESERVE AND ADDRESS OF THE PARTY OF THE
(See note below, if applicable)	M (Initial) Wastewater Flow: 480 GPD
25% Reduction Syste	m /n '\
Installation Requirements/Conditions Number of tre	1.1.
	f each trench 115feet
•	be installed on contour at a Soil Cover: 12inches
Maximum Tren	ch Depth of: 24inches (Maximum soil cover shall not exceed
(Trench bottom	as shall be level to +/-1/4" 36" above the trench bottom)
in all direction	s)
Pump Requirements:ft. TDH vsGPM	NA inches below pipe
	Aggregate Depth: NA inches above pipe
Conditions: Gravity to D-Box Equal Distribution	NA inches total
	1.375
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANV DADT OF CEDTIC CYCTEM OD DEDAID ADEA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	ANT FART OF SEFFIC STSTEM OR REPAIR AREA.
NO OTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	FΔ
** If applicable: I understand the system time and if I'll	
ii applicable. I understand the system type specified is different from	
in applicable. I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
	the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	the type specified on the application. I accept the specifications of this permit. Date:
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	the type specified on the application. I accept the specifications of this permit. Date: e changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Owner/Legal Representative Signature:	the type specified on the application. I accept the specifications of this permit. Date: e changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended us Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	Date: Changes The Construction Authorization shall not be transferred when there is a change in ownership of the site. This is See ATTACHED SITE SKETCH
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended us Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	the type specified on the application. I accept the specifications of this permit. Date: e changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This

Harnett County Department of Public Health Site Sketch

