

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Adams Home
 NEW REPAIR EXPANSION
 Type of Structure: SFR (39'x39')
 Proposed Wastewater System Type: 25% Reduction
 Projected Daily flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 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 _____ feet
 Permit valid for: Five years No expiration
 Permit conditions: _____

PROPERTY LOCATION: 396 Spring Flowers Dr
 SUBDIVISION Carolina Seasons LOT # 24
 Site Improvements required prior to Construction Authorization Issuance: _____

Authorized State Agent: Moh M REHS Date: 11-12-2020 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 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: Adams Home PROPERTY LOCATION: 396 Spring Flowers Dr
 SUBDIVISION Carolina Seasons LOT # 24
 Facility Type: SFR (39'x39') New Expansion Repair
 Basement? Yes No Basement fixtures? Yes No
 Type of Wastewater System** 25% Reduction (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% Reduction (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 24-30 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +1-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

**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: _____ Date: _____
 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. SEE ATTACHED SITE SKETCH

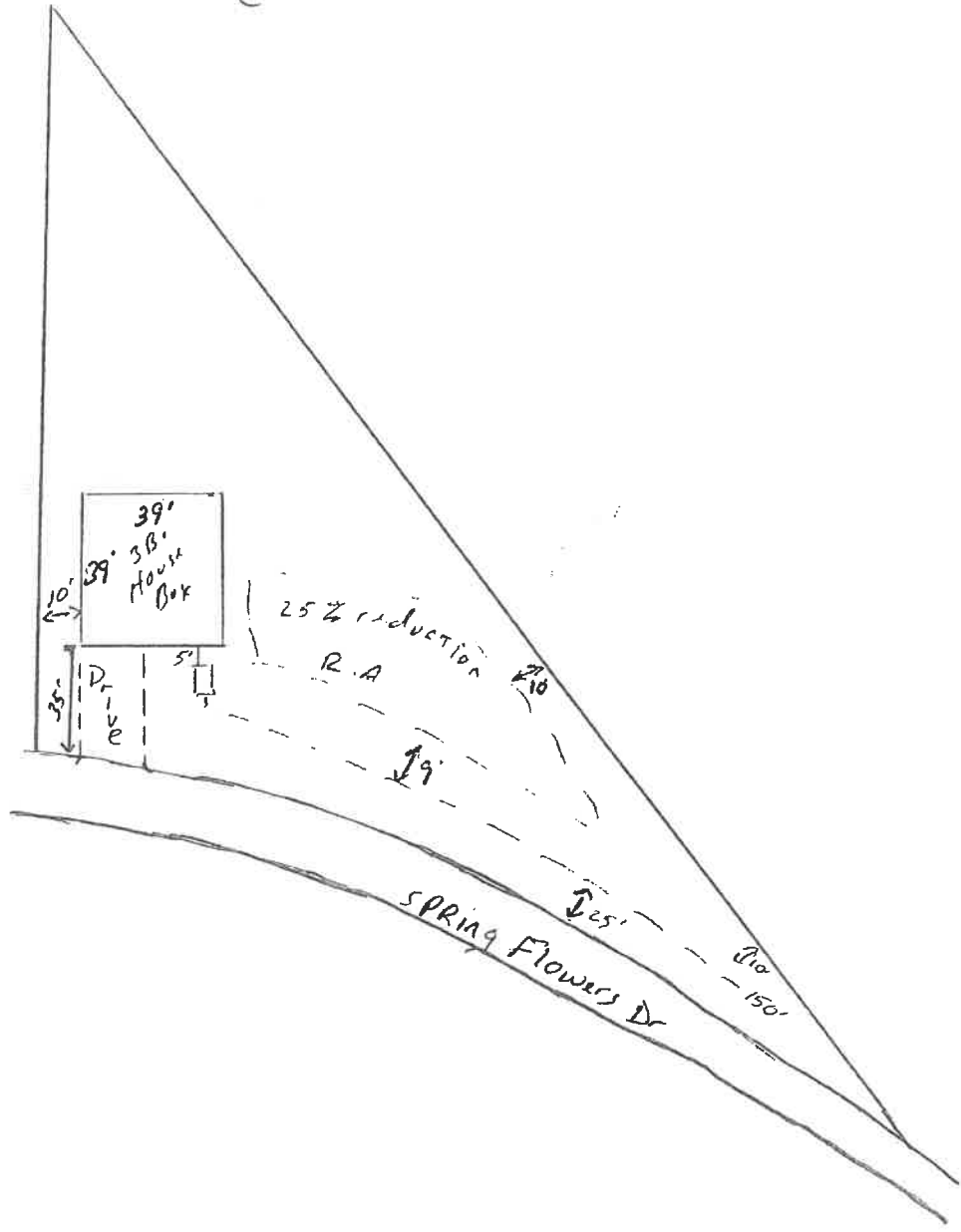
Authorized State Agent: Moh M REHS Date: 11-12-2020
 Construction Authorization Expiration Date: 11-12-2025

Application # SFD2010-0039 *R*

Harnett County Department of Public Health Site Sketch

Property Location: 396 Spring Flowers Dr
Issued To: Adams Homes Subdivision Carolina Seasons Lot # 24

Authorized State Agent: *[Signature]* REHS Date: 11-12-2020



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.