Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

WHITE TO SELLAND TO		99 HEA	THI ISP. (NO	ZILLS COU	C. 10-5215	73)
ISSUED TO: SIGNATURE HOME BLAS	SUBDIVISION	SUSTH	CREEK		_LOT # _ S _7_	
NEW REPAIR EXPANSION		Improvements re-	quired prior to Constructio	on Authorization I	ssuance:	
Type of Structure: 3-8207000 40'x57'550						
Proposed Wastewater System Type: 25% (EDC): Projected Daily Flow: 366 GPD	<u>5,5,</u>					
						e:
Number of bedrooms: 3 Number of Occupants: 4	max					
Pump Required: Yes ANO May be required based on fin.	— al location and alexations	of facilities				-
Type of Water Supply: Community Public Well Dis			Permit vali	d for:	Five years	
Permit conditions:	stance nom wen —	ieet	Terrint van		No expiration	
Termit conductis.					no expiration	
49						_
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of site is subject to revocation of the site plan, plat, or the intended use changes. The Improven the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Date:	r is responsible for che d by a change in owner	cking with appropriate governing	SEE ATTACHED S g bodies in meeting t subject to compliance	their requirements. This	
Cons	struction Autho	rization				
1-2-1-2-1	(Required for Building P					
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 19			into this permit and shall be m	et. Systems shall be i	nstalled in accordance	
with the attached system layout.						
ISSUED TO: SIGNATURE HOME BUDS	DDODEDTY IOC	ATION: CG	HEATH DO.	571		`
1330ED 10		ATION. 77	CHEIGHT SIL	DEILLS	LOT # 3-1	,
Facility Type: 332 70×54' 50	SUBDIVISION _	D B	Cherence	¹	.01 #	
		Repair				
Basement? Yes No Basement Fixtures? Yes	□No		// · · · · · · · · · · · · · · · · · ·	. 7.		
	CCTION SIST	E-M	(Initial) Wastewate	r flow:36	C GPD	
(See note below, if applicable)	# h #					
25% NEONEON	,	pair)				
	enches 3	-		ς.		
	of each trench SC		Trench Spacing:		n Center	
	l be installed on contou		Soil Cover: 13	inches		
Maximum Tren	nch Depth of: 25	inches	(Maximum soil cove	r shall not exce	ed	
(Trench bottom	ms shall be level to +	-1/4"	36" above the tree	nch bottom)		
in all direction	ns)					
Pump Requirements:ft. TDH vsGPM				~A i	nches below pipe	
			Aggregate Depth:	MA	inches above pipe	
Conditions:				NA	inches total	
				211.10000000000000000000000000000000000		_
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AF		C SYSTEM OR F	REPAIR AREA.			
**If applicable: I understand the system type specified is different from	m the type specified on	the application.	I accept the specificati	ions of this perm	mit.	
Owner/Legal Representative Signature:			Date:			
This Construction Authorization is subject to revocation if the site plan, plat, or the intended of				hange in ownership of	the site. This	-
Construction Authorization is subject to compliance with the provisions of the Laws and Rules	for Sewage Treatment and Dispo	sal and to the condition	ons of this permit.	SEE ATTACHE	D SITE SKETCH	
Authorized State Agents (2)) Mac	Date	11/00/1000	>		
Authorized State Agent:	of the last of the	Date: .	11/06/2020 ate: 11/06/201	15		
ANDRES CURLIS LOT	istruction Authorizatio	n expiration D	ate: 11/00/200	<u>, , , , , , , , , , , , , , , , , , , </u>		

Harnett County Department of Public Health Site Sketch

Property Location: 99 HEATH Dr. (NRUS	CRETH Ø2 - 5215-13)	
Issued To: SIGNATURE HOME BUDS Subdivision		Lot # 57
Authorized State Agent:		11/06/2020

