App#	SFD2010-0064
	Revised

Harnett County Department of Public Health Improvement Permit

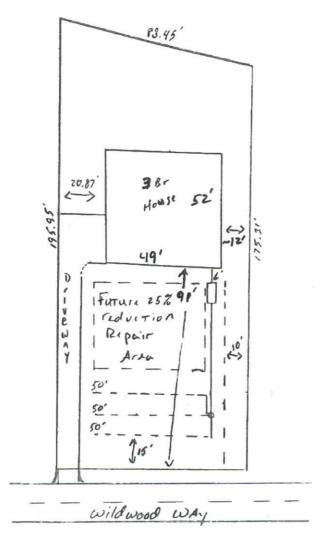
	improvement i crimit	
7.0	A building permit cannot be issued with only an Improvement	Permit
11	PROPERTY LOCATION: 168 WILD	vood Way, Cameron
173010 10.	Tome Subdivision Carolina Seas	onslui # Ll
NEW REPAIR . EXPANSI	ON Site Improvements req	uired prior to Construction Authorization Issuance:
Type of Structure: SFR 49 ×52	2 1 September 200 man	
Proposed Wastewater System Type: 25% reduct	ion	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occur	pants: 6max	
Basement Tres X No		*
Pump Required: Yes No May be req	uired based on final location and elevations of facilities	Permit valid for: Five years
Type of Water Supply: Community Public	☐ Well Distance from well feet	Permit valid for: Five years No expiration
Permit conditions:		LI NO Expiration
		The second secon
11 11	541 Date: 04-05 - 2	SEE ATTACHED SITE SKETCH
Authorized State Agent: Make Or R	EH1 Date: 04-05-2	ching with appropriate governing hadies in meeting their requirements. This
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The permit holder is responsible for che changes. The Improvement Permit shall not be affected by a change in owner.	rship of the site. This permit is subject to compliance with the provisions of
site is subject to revocation if the site plan, plat, or the interform one the Laws and Rules for Sewage Treatment and Disposal and to conditi	ons of this permit.	
the Laws and outes for sewage meaning and anyone		
	Construction Authorization	
	Construction Authorization	
	(Required for Building Permit)	L. N. L. Sandhall
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	,1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
11	A 14 DRODERTY LOCATION: 168 L	Wildwood Way Cameron
ISSUED TO:	PROPERTY LOCATION: 1681	easons LOT # 11
110' 63'	SUBDIVISION CATOIITIA S	easons
Facility Type: SFR 419'x52'	New Expansion Repair	
Basement? Yes No Basement F	ixtures? 🔲 Yes 🔀 No	
Type of Wastewater System** 25% reduc	tion	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)		
25% redu	ction(Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1000 gallons	Exact length of each trench 50 feet	Trench Spacing: 9 Feet on Center
	Trenches shall be installed on contour at a	Soil Cover: 6 inches
Pump Tank Size gallons	Maximum Trench Depth of: 18-26 inches	(Maximum soil cover shall not exceed
		36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4"	30 above the trenen bottom,
	in all directions)	inches below pipe
Pump Requirements:ft. TDH vs	GPM	
VC00000 A 6000 A 6000 B 000000000000000000		Aggregate Depth: inches above pipe
Conditions:		12 inches total
WATER LINES (INCLUDING IRRIGATION) MISS	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I	REPAIR AREA.
WATER LINES (INCLUDING IKRIGATION) MOST	DOLLIN CICLO ADDA	NET PIN PILET
NO UTILITIES ALLOWED IN INITIAL OR REPAIR		¥ (# - 6
**If applicable: I understand the system type specific	ed 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	n, 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 condit	ions of this permit. SEE ATTACHED SITE SKETCH
Laterial Company Mala (Ha	A EHS Date:	04-05-22

Construction Authorization Expiration Date:

Application # SFD2010-0064 Revised

Harnett County Department of Public Health Site Sketch

Property Locat	ion: 168 Wildwood Way, Cameron	C. I. I. I. I Carolina Seasons		Lot # 11
Issued To:	Adams Homes	Subdivision Carolina Seasons		
Authorized State Agent: Male Ale REHS			Date:	04-05-22



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