Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Clear View Builders	PROPERTY LOCATION: 5589 ROSSET PITTMAN Rd (SR 1215) SUBDIVISION LOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 56' x 50' SFD	
Proposed Wastewater System Type: 25% reduction	
Projected Daily Flow: 360 GPD	
	max
Basement Yes No	antina and afairmina afficialists
Pump Required: \(\sum Yes \) No \(\times \) May be required based on final lot Type of Water Supply: \(\sum \) Community \(\times \) Public \(\sum \) Well \(\times \) Distant	ce from well feet Permit valid for: 🔀 Five years
Permit conditions:	□ No expiration
11 11	
Authorized State Agent:: Man Me	THS Date: 12-08-21 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Constr	uction Authorization
(Reg	uired for Building Permit)
	.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: Clear View Builders	PROPERTY LOCATION: 5589 Rosser Pittman Rd (SR 1215)
	SUBDIVISION LOT #
Facility Type: 56' x 50' SFD 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)	9 -11
25% reduction	(Repair)
Installation Requirements/Conditions Number of trend	
	installed on contour at a Soil Cover: 6 inches
	Depth of: 24" - 18" inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	shall be level to 17177
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	1.
**If applicable: / understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
	7,7,4 4.5
Owner/Legal Representative Signature:	Date:
	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
n// //	
Authorized State Agent: 1900 100	
8	Date: 12-08-21 ruction Authorization Expiration Date: 12-08-26

Harnett County Department of Public Health Site Sketch

