## Harnett County Department of Public Health

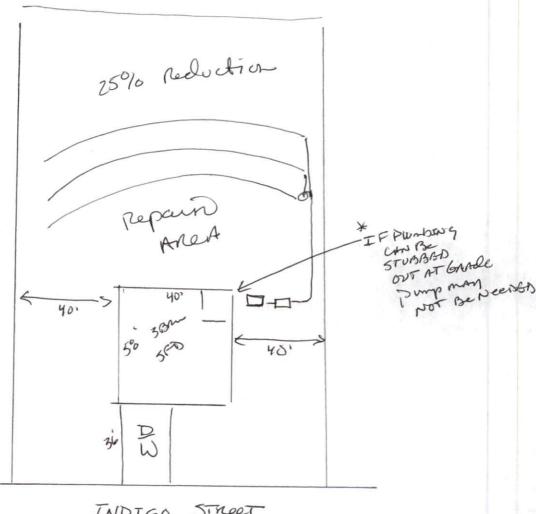
Improvement Permit

A duliding permit cann	PROPERTY LOCATION: SN 1513 NOWNS CLEAK RD			
ISSUED TO: SIGNATURE Home BIDRS	SUBDIVISION Sorth CLECK LOT # 85			
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure:				
Proposed Wastewater System Type: 25% RBSucros				
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 lo	cation and elevations of facilities			
Type of Water Supply: Community Public Well Distant				
Permit conditions:	No expiration			
2 / /	TE TEAS			
Authorized State Agent: Markon	Date: 3-17-23 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			
	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.				
Constr	uction Authorization			
(Required for Building Permit)				
The state of the s	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 BIDAS	PROPERTY LOCATION: SYLIS 13 Need 13 Luck RJ SUBDIVISION Sovit Luck LOT # LOT #			
· < C \	SUBDIVISION SovIL CLOCK LOT#			
Facility Type: New	Expansion  Repair			
Basement? Yes No Basement Fixtures? Yes	√No			
Type of Wastewater System** 25% TOSPOUTION:	System (Initial) Wastewater Flow: 360 GPD			
(See note below, if applicable )	1			
25% NODOUTER	(Repair)			
Installation Requirements/Conditions Number of trend	nes 3			
	each trench 100 feet Trench Spacing: 7 Feet on Center			
	e installed on contour at a Soil Cover:inches			
	Depth of: 22-718 inches (Maximum soil cover shall not exceed			
	shall be level to +/-1/4" 36" above the trench bottom)			
in all directions)	2000 000 000 000 000 000 000 000 000 00			
Pump Requirements:ft. TDH vsGPM	inches below pipe			
Tump requirements.	Aggregate Depth: 2 inches above pipe			
Conditions				
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				
** 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.				
5 11 1 Am Deats				
Authorized State Agent Date: 3-17-23  Construction Authorization Expiration Date: 3-17-28				
Const	ruction Authorization Expiration Date: 3-17-28			

## Harnett County Department of Public Health Site Sketch

Property Location: <u>SNI513</u> NexUS Creek PD			
Issued To: Signature Home BIDTES Subdivision DOUTHGEEK		Lot # _85	
C W/ / DO TANK	_ Date: _	3-17-23	

## 5R1513 Needls Creek RD



INDIGO STREET

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