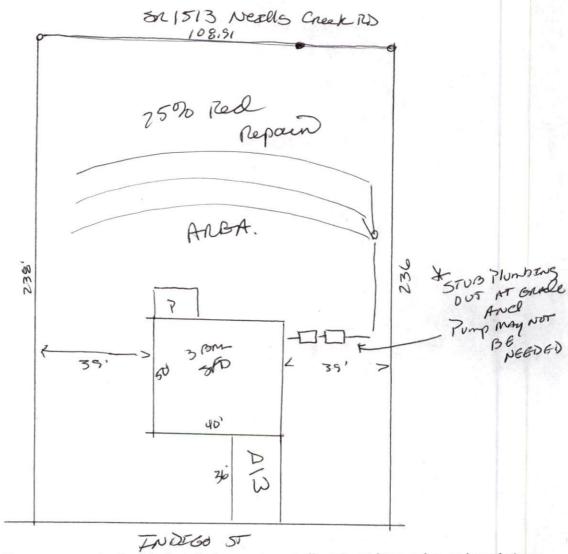
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	-11 -1 -1 - 1 - 1 - 1 - 1
PROPERTY LOCATION: SC 1513 Ne	ENS CLER KI)
ISSUED TO: SIGNATURE HONE BIDRS SUBDIVISION SONTA CLEEK	
NEW REPAIR EXPANSION Site Improvements required p	rior to Construction Authorization Issuance:
Type of Structure:	
Proposed Wastewater System Type: 25% Restouction	
Projected Daily Flow: 360 GPD	1
Number of bedrooms:	
<u> </u>	
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:	
1 A DAAK	
Authorized State Agents Date: 3-17-23	SEE ATTACHED SITE SKETCH
Authorized State Agent: 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	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit blooder is responsible for circumstance of this permit blooder is responsible for circumstance of the strength of the stre	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.	
Constitution Authorization	
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.	
TI I RIAL MARKET STATE	3 Needles Luck RA
Facility Type: New PROPERTY LOCATION: ST. 151.	J received the services
SUBDIVISION SUNT CLE	erc 101 # 06
Facility Type: Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% 12800000 System (1	nitial) Wastewater Flow: 360 GPD
(See note below, if applicable ()	
25 % 12318VCDO (Repair)	
Installation Requirements/Conditions Number of trenches	9
Septic Tank Size 1000 gallons Exact length of each trench 100 feet Tren	ch Spacing: Feet on Center
Pump Tank Sizegallons Trenches shall be installed on contour at a Soil	Cover:inches
	aximum soil cover shall not exceed
	6" above the trench bottom)
	above the trensh bottom,
in all directions)	/ index below size
Pump Requirements:ft. TDH vsGPM	inches below pipe
Agg	regate Depth: inches above pipe
Conditions:	
WATER LINES (INCLUDING IDDICATION) MILET DE 10ET EROM ANY PART DE CEPTIC CYCTEM DE PERMI	D ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR	ARLA.
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 according	ent the specifications of this permit.
Il applicable. I understand the system type specimed is different from the type specimed on the applicability	the specimentons of this period.
	D
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 transf	
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 M / AR PERTS	
Authorized State Agent Date: 3-17-23	
Construction Authorization Expiration Date: 3-17-28	
tonstruction Authorization Expiration Date.	

Application # 5Fb 2302 - 0064

Harnett County Department of Public Health Site Sketch



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