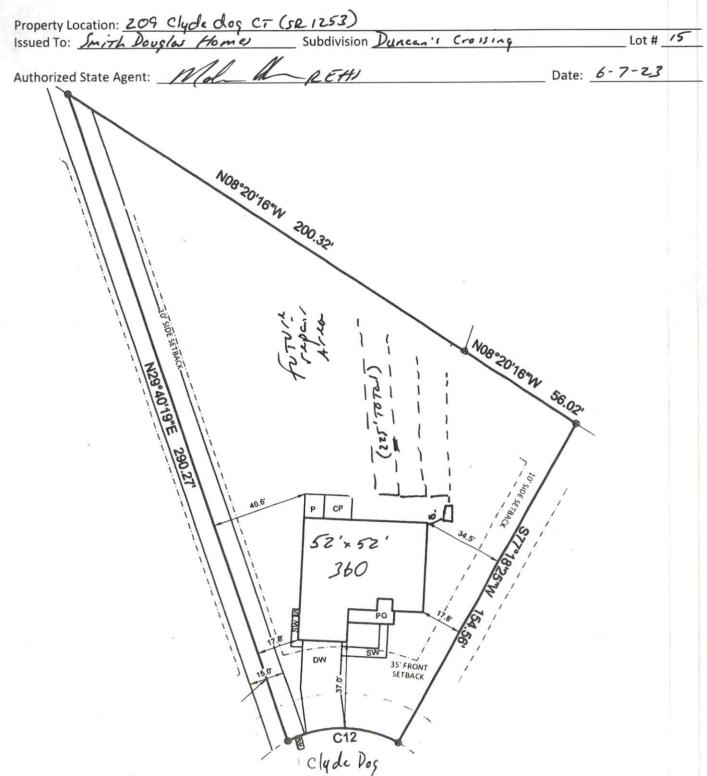
## Harnett County Department of Public Health

## Improvement Permit A building permit cannot be issued with only an Improvement Permit

| n bulling permit   | PROPERTY LOCATION: 209 Clyde Dog CT (SR 1253)  |
|--|--|
| ISSUED TO: Smith Douglas Homes   | SUBDIVISION Duncan's Cressing LOT # 15   |
| NEW REPAIR F EXPANSION   | Site Improvements required prior to Construction Authorization Issuance:   |
| Type of Structure: 52' x 52' SFD   |  |
| Proposed Wastewater System Type: 25% reduction   |  |
| 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 fin   | nal location and elevations of facilities  |
| Type of Water Supply: Community Public Well D  | oistance from wellfeet Permit valid for:   |
| Permit conditions:   | ■ No expiration  |
|  |  |
| Authorized State Agent:: Nah Met   | THS Date: 6-7-23 SEE ATTACHED SITE SKETCH  |
| , (  | f other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This   |
|  | ement 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.       |  |
|  |  |
| Con  | struction 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.   |  |
| ISSUED TO: Smith Douglas Homes   | PROPERTY LOCATION: 209 Cly de Doc CT (SR 1253) SUBDIVISION Dyncan'S Crossing LOT # 15  |
|  | SUBDIVISION Dyncan's Crossing LOT # 15   |
| Facility Type: 52'x52' SFD   | ew Expansion Repair  |
| Basement? Yes No Basement Fixtures? Yes  |  |
| Type of Wastewater System** 25% Reduc  |  |
| (See note below, if applicable )   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| 75% reducTie   | (Repair)   |
|  | trenches   |
| Septic Tank Size 1000 gallons Exact length   | -15  |
|  |  |
|  | all be installed on contour at a Soil Cover:   |
|  | ench Depth of: 18-30 inches (Maximum soil cover shall not exceed   |
| 57.55mm (111.601) (West Archite  | oms shall be level to +/-1/4" 36" above the trench bottom)   |
| in all directi   | ons)   |
| Pump Requirements:ft. TDH vsGPM  | inches below pipe  |
|  | Aggregate Depth: inches above pipe   |
| Conditions:  | inches total   |
|  |  |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO   | M ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A                                      | AREA.  |
| **If annicable: I understand the system type specified is different for                      | from the type specified on the application. I accept the specifications of this permit.  |
| 11 apprecaute. I understand the system type specified is unletern in                         | on the type specified on the appreaudit. I accept the specifications of this perime.   |
| Owner/Legal Representative Signature:  | Date:  |
| 0 1  | d 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 Rule | es for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH   |
| 1111   |  |
| Authorized State Agent: Nah R  | EHS Date: 6-7-23   |
|  | Date: $6-7-23$ Construction Authorization Expiration Date: $6-7-28$  |
|  | VIII WELLOW THE DITTERS OF THE PROPERTY OF THE |

## 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.