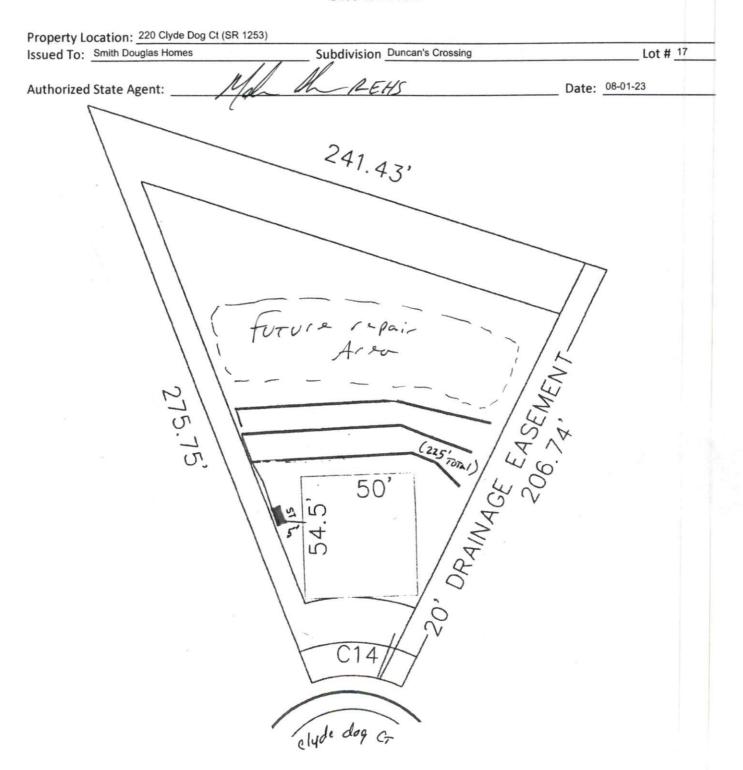
## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 220 Clyde Dog Ct (SR 1253)
ISSUED TO: Smith Douglas Homes	SUBDIVISION Duncan's Crossing LOT # 17
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 34'x51' SFD	
Proposed Wastewater System Type: 25% reduction	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6	max
Basement Yes No	11 - 2 - 1 1 - 2 - 11 TZ
	al location and elevations of facilities  trance from wellfeet Permit valid for: 🔀 Five years
" " " " " " " " " " " " " " " " " " "	No expiration
Permit conditions:	In expiration
11 1	
Authorized State Agent:: Ma antest	Date: 08-01-23 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
	nent 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.	
	A A A A A A A A A A A A A A A A A A A
Con	truction Authorization
	Required for Building Permit)
	957, 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: 220 Clyde Dog Ct (SR 1253)
133000 10.	SUBDIVISION Duncan's Crossing LOT # 17
Facility Type: 34'x51' SFD 🗵 No	
Basement? Yes No Basement Fixtures? Yes	⊠ No
Type of Wastewater System** 25% reduction	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	(Illitial) Wasternater Flow Or D
25% reduction	(Repair)
•	
	of each trench 225feet
	nch Depth of: 16inches (Maximum soil cover shall not exceed
M (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ms shall be level to +/-1/4" 36" above the trench bottom)
in all direction	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	I ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	REA.
**If I have the district of the system time asserted in different to	are the time considered on the application of account the considerations of this parmit
The applicable: I understand the system type specified is different from	om the type specified on the application. I accept the specifications of this permit.
	D
Owner/Legal Representative Signature:	Date:
	use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This  for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
Construction Authorization is subject to compliance with the provisions of the Laws and Rule	for sewage treatment and Disposal and to the conditions of this permit.
n// M	20.04.00
Authorized State Agent: Mah MEETTS	Date: <u>08-01-23</u>
	nstruction Authorization Expiration Date: 08-01-28

## 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.