Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 54 Beaco	n Hill Ra	
ISSUED TO: New Home Inc	SUBDIVISION Duncans Cree	k LOT #	119
NEW 🕅 REPAIR 🗌 EXPANS	SION Site Improvements rec	quired prior to Construction Authorization Issuance:	
Type of Structure: SFD (36'x52')			
Proposed Wastewater System Type: 25% Redu	ction System		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occ	rupants: 6max		
Basement 🔲 Yes 🔀 No			
Pump Required: 🔲 Yes 🔲 No 🔀 May be re	quired based on final location and elevations of facilities		
Type of Water Supply: Community 🛛 Public	☐ Well Distance from wellfeet	Permit valid for: 🛛 Five year:	S
Permit conditions:		No expira	ation
1/1			
Authorized State Agent::	PGH) Date: 8/25/23	SEE ATTACHED SITE SKETC	
he issuance of this permit by the Health Department in no way gua	rantees the businese of other permits. The permit holder is responsible for chi e changes. The Improvement Permit shall not be affected by a change in own	cking with appropriate governing bodies in meeting their require	ments. This
the Laws and Rules for Sewage Treatment and Disposal and to condi		rsnip of the site. This permit is subject to compliance with the p	provisions of
	Constitution of the consti		
	Construction Authorization		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in	accordance
on the attached system layout.			
SSUED TO: New Home Inc	PROPERTY LOCATION: 54 Be	eacon Hill Rd	
	SUBDIVISION Duncans C		119
facility Type: SFD(36'x52')	■ New □ Expansion □ Repair	1001	110
	ixtures? Yes No		
Type of Wastewater System** 25% Redu		(Initial) Wassesses Flow 360	CDD
	Clion System	(Initial) Wastewater Flow: 360	_ GPD
See note below, if applicable (1)	ation Contains		
	uction System (Repair)		
nstallation Requirements/Conditions	Number of trenches 1		
septic Tank Size 1000 gallons	Exact length of each trench 180feet	Trench Spacing: 9 Feet on Center	
Pump Tank Sizegallons	Trenches shall be installed on contour at a	Soil Cover: 6inches	
	Maximum Trench Depth of: 18inches	(Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	in all directions)	and the treatment of th	
Oump Requirements:ft. TDH vs	,	inches h	dan sias
ump Requirements	0111	Aggregate Death: inches be	
ta-dista		Aggregate Depth: inches a	
onditions:		Jnc	thes total
	TBE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I	REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.		
*If applicable: I understand the system type specific	ind is different from the type specified on the application	I amount the associations of this service	
ii applicable. I understand the system type specifi	ied is different from the type specified on the application.	Taccept the specifications of this permit.	
		6	
Owner/Legal Representative Signature:		Date:	
	n, plat, or the intended use changes. The Construction Authorization shall not		
onstruction Authorization is subject to compliance with the provisions	at the Laws and Rules for Sewage Treatment and Disposal and to the conditi	ons of this permit. SEE ATTACHED SITE	ZKFICH
authorized State Agent:	QGr Date:	8/25/23	
	Construction Authorization Expiration D	ate: 8/25/28	

Harnett County Department of Public Health Site Sketch

