## Harnett County Department of Public Health

SR/1426

Improvement Permit

| ,  | bondent i oca                                  | TION: 217 Har                 | ok Dr. Fug                      | MAY Variac, NO                       | , 2752       |
|--|--|-------------------------------|---------------------------------|--------------------------------------|--------------|
| ISSUED TO: Paramonat Homes INC   | SUBDIVISION                                    | Cotton Fr                     | cm s                            | LOT #                                | 21           |
| NEW REPAIR TEXPANSIO   | ON $\square$                                   |                               |                                 | tion Authorization Issuance:         |              |
| Type of Structure: SFP 38.8' x39.  | 8'   |                               |                                 |                                      |              |
| Proposed Wastewater System Type: 25% TGPU  | aron   |                               |                                 |                                      |              |
| Projected Daily Flow: 480 GPD  |  |                               |                                 |                                      |              |
|  | pants: <u>&amp;</u> max                        |                               |                                 |                                      |              |
| Basement Yes No  |  |                               |                                 |                                      |              |
|  | uired based on final location and eleva        |                               |                                 | A.                                   |              |
| " " - " - " - " - " - " - " - " - " - "  | Well Distance from well                        | feet                          | Permit va                       | ,                                    |              |
| Permit conditions:   |  |                               |                                 | No expirat                           | ion          |
| 2  | 1 1 1 1 1 1 728 15                             | 3                             |                                 |                                      |              |
| Authorized State Agent: James C  | Date:  | 9-19-23                       | 3                               | SEE ATTACHED SITE SKETCH             | 1            |
| The issuance of this permit by the Health Department in no way guara                                     |  |                               |                                 |                                      |              |
| site is subject to revocation if the site plan, plat, or the intended use                                | -  | affected by a change in owner | ership of the site. This permit | is subject to compliance with the pr | rovisions of |
| the Laws and Rules for Sewage Treatment and Disposal and to condition                                    | ns of this permit.                             |                               |                                 |                                      |              |
|  | Construction Au                                | Ala a ulma Alia a             |                                 |                                      |              |
|  | Construction Au                                | thorization.                  |                                 |                                      |              |
|  | (Required for Buildi                           |                               |                                 |                                      |              |
| The construction and installation requirements of Rules .1950, .1952, . with the attached system layout. | 1954, .1955, .1956, .1957, .1958. and .1959 ar | e incorporated by references  | into this permit and shall be   | met. Systems shall be installed in a | ccordance    |
| ISSUED TO: PACAMENAT HOMES   | TALC PROPERTY                                  | LOCATION: 2/7                 | HOOK Dr. Fu                     | QUEU VECINE IN                       | C. 275       |
| ISSUED TO: Paramount Homes   | SIIBUIAISI                                     | ON (01+00                     | Facms                           | 10T #                                | 21           |
| Facility Type: SFD 58.8' x 59.8"   | New Expans                                     |                               | 14111                           |                                      |              |
| , ,,   |  | ion L Repair                  |                                 |                                      |              |
|  | xtures? Yes No                                 | (-                            | /I * * 15 AM                    | 11 416-                              | CDD          |
|  | BOULTON Syst                                   | 76-                           | (Initial) Wastewa               | iter flow:                           | GPD          |
| (See note below, if applicable ()  | DEED LOS                                       |                               |                                 |                                      |              |
|  | USB (PPBS)                                     | (Repair)                      |                                 |                                      |              |
| Installation Requirements/Conditions   | Number of trenches9                            |                               |                                 | 5                                    |              |
| Septic Tank Size 1200 gallons  | Exact length of each trench                    | 100 feet                      | Trench Spacing:                 | Feet on Center inches                |              |
| Pump Tank Size 1200 gallons  | Trenches shall be installed on co              |                               | Soil Cover:                     | _6inches                             |              |
|  | Maximum Trench Depth of:                       | ZZ inches                     | (Maximum soil co                | over shall not exceed                |              |
|  | (Trench bottoms shall be level t               | 0 +/-1/4"                     | 36" above the t                 | trench bottom)                       |              |
|  | in all directions)                             |                               |                                 |                                      |              |
| Pump Requirements: ft. TDH vs  | GPM  |                               |                                 | 6 inches bel                         | ow pipe      |
|  |  |                               | Aggregate Depth:                | inches ab                            | ove pipe     |
| Conditions:  |  |                               | 00 0 1                          |                                      | hes total    |
|  |  |                               |                                 |                                      |              |
| WATER LINES (INCLUDING IRRIGATION) MUST  | RE 10FT FROM ANY PART OF S                     | EPTIC SYSTEM OR I             | REPAIR AREA                     |                                      |              |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR  |  | ETTIC STSTEM ON I             | TEI AIR AIREA.                  |                                      |              |
|  |  |                               |                                 |                                      |              |
| **If applicable: 1 understand the system type specifie   | d is different from the type specific          | ed on the application.        | . I accept the specific         | cations 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 Constru | ction Authorization shall not | 10,000,000                      | a change in ownership of the site T  | his          |
| Construction Authorization is subject to compliance with the provisions                                  |  |                               |                                 | SEE ATTACHED SITE S                  |              |
| -  | 1  |                               | France Polymer                  |                                      |              |
| Authorized State Agents  | Manhan Fire                                    | Date                          | 9-19-2                          | 3                                    |              |
| Authorized State Agent:  | Construction Austral                           | Date:                         | 10 S - 10                       | 3-79                                 |              |
|  | Construction Author                            | ization expiration U          | late:                           | 7-60                                 |              |

Application # SFD 2308 - 010\$

## Harnett County Department of Public Health Site Sketch

Property Location: 2/7 Hook Pr, Fuguay Varing, NC, 27526

Issued To: Paramount Homes INC Subdivision Cotton Facms Lot# 2/

Authorized State Agent: Date: 9-19-23 125.58 Part 115.50 HOOK DR

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