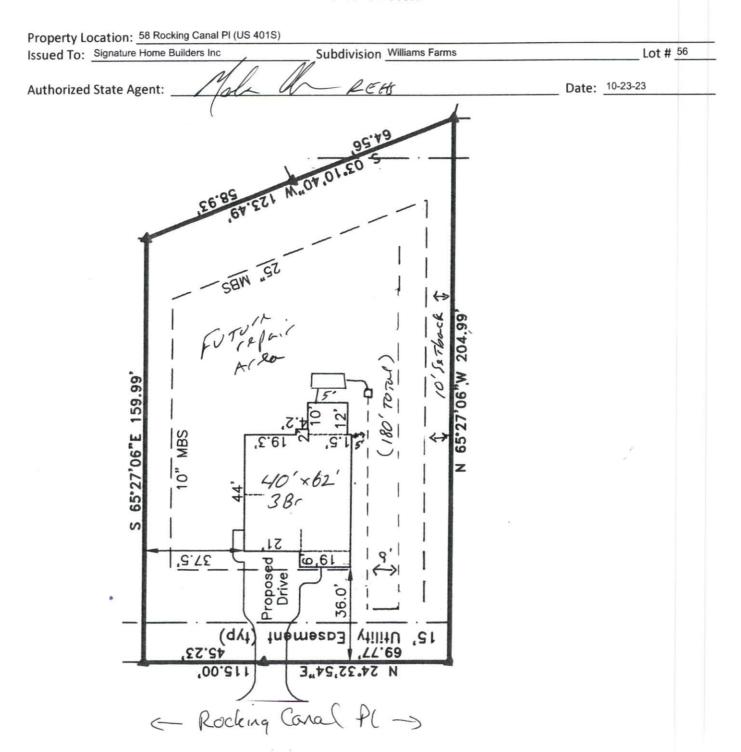
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Signature Home Builders Inc		ig Carlai F1 (05 401	
	subdivision Williams Farm		LOT # 56
NEW REPAIR EXPANSION	Site Improvements rec	quired prior to Construction Authoriz	ration Issuance:
Type of Structure: 40'x62' SFD			
Proposed Wastewater System Type: 25% reduction			
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes X No			
	final location and elevations of facilities		
Type of Water Supply: Community Public Well		Permit valid for:	X Five years
			☐ No expiration
Permit conditions:			no expiration
11 11			
Authorized State Agent:: Man WE H	/5 Date: 10-23-23	SEE ATTA	CHED SITE SKETCH
	A STATE OF THE STA		
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the site plan, plat, or the intended use changes. The Impro			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	2, 2 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
ſ-	and an all and an all and an all and		
<u>Ço</u>	nstruction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956,		into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.			
ISSUED TO: Signature Home Builders Inc		ocking Canal PI (US	
	SUBDIVISION WIlliams F	arms	LOT # 56
Facility Type: 40'x62' SFD			
	es 🔀 No	0.11 0 W	260 CDD
Type of Wastewater System**25% reduction		(Initial) Wastewater Flow: _	360 GPD
(See note below, if applicable ()			
25% reduction	(Repair)		
Installation Requirements/Conditions Number of	trenches 1		
	th of each trench 180 feet	Trench Spacing: 9	Feet on Center
,			nches
	nall be installed on contour at a	Control of the Contro	
	Trench Depth of: 18-28 inches	(Maximum soil cover shall n	
(Trench bo	ttoms shall be level to +/-1/4"	36" above the trench bott	om)
: H - E	tions)		
in all direc	(10113)		
in all direc	uons)		inches below pipe
	tions)	Aggregate Denth:	inches below pipe
Pump Requirements:ft. TDH vsGPM	tions)	Aggregate Depth:	inches above pipe
		Aggregate Depth:	
Pump Requirements:ft. TDH vsGPM	Litoris)	Aggregate Depth:	inches above pipe
Pump Requirements:ft. TDH vsGPM Conditions:			inches above pipe
Pump Requirements:ft. TDH vsGPM Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	OM ANY PART OF SEPTIC SYSTEM OR		inches above pipe
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Pump Requirements:ft. TDH vsGPM Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD	OM ANY PART OF SEPTIC SYSTEM OR AREA.	REPAIR AREA.	inches above pipe inches total
Pump Requirements:ft. TDH vsGPM Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	OM ANY PART OF SEPTIC SYSTEM OR AREA.	REPAIR AREA.	inches above pipe inches total
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Pump Requirements:ft. TDH vsGPM Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM OUTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD **If applicable:	OM ANY PART OF SEPTIC SYSTEM OR AREA. from the type specified on the application and the specified on the specified on the specified on the specified on the application and the specified on the	REPAIR AREA. 1. I accept the specifications of the specification of the	inches above pipe inches total inches total inches total inches total inches total inches total inches permit.
Pump Requirements:ft. TDH vsGPM Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD **If applicable: 1 understand the system type specified is different Owner/Legal Representative Signature:	OM ANY PART OF SEPTIC SYSTEM OR AREA. from the type specified on the application and the specified on the specified on the specified on the specified on the application and the specified on the	REPAIR AREA. 1. I accept the specifications of the specification of the	inches above pipe inches total
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Pump Requirements:	OM ANY PART OF SEPTIC SYSTEM OR AREA. Strom the type specified on the application and the specified on the application and the specified on t	REPAIR AREA. Date: be transferred when there is a change in or service of this permit.	inches above pipe inches total inches total inches total inches total inches total inches total inches permit.
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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.