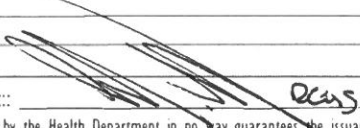


## Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Par 5 Development PROPERTY LOCATION: 8044 NC Hwy27  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Type of Structure: Dollar General  
 Proposed Wastewater System Type: Pump to LP Chamber  
 Projected Daily Flow: 200 GPD Low Profile Chamber  
 Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ max  
 Basement  Yes  No  
 Pump Required:  Yes  No  May be required based on final location and elevations of facilities  
 Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet Permit valid for:  Five years  
 No expiration  
 Permit conditions: \_\_\_\_\_  
 Authorized State Agent:  Date: 3/5/2019 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 site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement 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.

### Construction 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: Par 5 Development PROPERTY LOCATION: 8044 NC Hwy27  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Facility Type: Dollar General  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* Pump to Low Profile Chamber (Initial) Wastewater Flow: 200 GPD  
 (See note below, if applicable )  
Pump to Low Profile Chamber (Repair)


<u>Installation Requirements/Conditions</u>		Number of trenches <u>1</u>
Septic Tank Size <u>1500</u> gallons	Exact length of each trench <u>224</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>1500</u> gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>10</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Soil Cover: <u>6 total</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total
Conditions: _____		

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications 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 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 Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent:  Date: 3/5/2019  
 Construction Authorization Expiration Date: 3/5/2024

HTE# BCOM1810-0004

Permit # \_\_\_\_\_

# Harnett County Department of Public Health Site Sketch

ISSUED TO: PAR 5 DEVELOPMENT PROPERTY LOCATOR: 8044 NC HWY 27  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: [Signature] REHS (OLIVER TOLSON) Date: 3/5/19

\* MEET ON SITE PRIOR  
TO INSTALLATION  
AS NEEDED

\* LINE LENGTH  
60'  
80'  
80'

\* TANK PLACEMENT  
MAY BE ALTERED

\* MINIMUM 6" OF  
COVER NEEDED OVER  
DRAINFIELD

\* CALL HCHO  
WITH ANY  
QUESTIONS

\* LOW PROFILE  
CHAMBER

