

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: BVSLH LLC PROPERTY LOCATION: 4585 NC 210N
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: Convenience Store/ Restaurant
 Proposed Wastewater System Type: Pump 25% Reduction
 Projected Daily Flow: 1199 GPD
 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: 4/17/2019 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: BVSLH LLC PROPERTY LOCATION: 4585 NC210N
 SUBDIVISION _____ LOT # _____
 Facility Type: Convenience Store/ Rest. New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Pump to 25% Red. Sys. (Initial) Wastewater Flow: 1199 GPD
 (See note below, if applicable Pump to PPBPS (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>2000</u> gallons	Number of trenches <u>4</u>	Exact length of each trench <u>Varies</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>2000</u> gallons	Trenches shall be installed on contour at a	Maximum Trench Depth of: <u>18-22</u> inches	Soil Cover: <u>6-10</u> inches
	(Trench bottoms shall be level to +/-1/4"	in all directions)	(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: Pressuer Manifold designed by others is required. 1500gal Grease _____ inches total
Trap required. See other conditions on site sketch.

**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: 4/17/2019
 Construction Authorization Expiration Date: 4/17/2024

HTE# BCOM1812-0005

Permit # _____

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATION: 4585 NC210N

ISSUED TO: BVSLH LLC

SUBDIVISION _____

LOT # _____

Authorized State Agent: RENS (OLIVER TOLKSDORF) Date: 4/17/19

- * PERMIT BASED ON PROPOSAL FROM APPLICANTS LSS
- * ALL TANKS MUST BE TRAFFIC RATED
- * PRESSURE MANIFOLD DESIGN MUST BE APPROVED BY HCHO PRIOR TO CONSTRUCTION
- * LINES FLAGGED
- * NO CONSTRUCTION TRAFFIC OR STORAGE ON DRAIN FIELD AREA
- * CONTACT LCHD WITH ANY QUESTIONS PRIOR TO INSTALLATION

