HTE# 11-5-27451 Harnett County Department of Public Health

Improvement Permit

26529

A building permit cannot be issued with only an Improvement Permit ISSUED TO DAVID + Pamela BYRD PROPERTY LOCATION SOLITAR >>> Charles Charles EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: 960 GPD Number of bedrooms: 8 Number of Occupants: 16 max Basement Yes No Pump Required: Tes No May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well Permit valid for: Five years ☐ No expiration 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 Facility Type: SFD | New | Expansion | Repair | LOT # 3 Basement? Yes No Basement Fixtures?

Yes Type of Wastewater System** Manual Fred to 25% REDOCTION (Initial) Wastewater Flow: 960 GPD (See note below, if applicable 1) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM Aggregate Depth: 2 inches below pipe inches above pipe / Z 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: 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: 9-15-11

Construction Authorization Expiration Date: 9-15-16

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Harnett County Department of Public Health Site Sketch

