Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hwy 53
SUBDIVISION NANCY ROSE Selvers ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: Type of Structure: __ MODERS SED Proposed Wastewater System Type: 25% (181) Projected Daily Flow: 360 Number of Occupants: Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes ☐ No Five years Type of Water Supply: Community Public Well Distance from well ______feet Permit valid for: No expiration Permit conditions: Authorized State Agents:

Date: 1 4 - 23

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: Nancy Rose Solvers PROPERTY LOCATION: 1 twy 555 Facility Type: Mored SFD New Expansion Repair Basement? Yes No Basement Fixtures? Yes (Initial) Wastewater Flow: 360 25% RSAUTEUR Type of Wastewater System** (See note below, if applicable) 25%, 708 NULSUN Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 Exact length of each trench gallons Pump Tank Size _____ Trenches shall be installed on contour at a Maximum Trench Depth of: ZZ' (Maximum soil cover shall not exceed inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ___ Aggregate Depth: 2 inches above pipe 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent Construction Authorization Expiration Date: 1-4-28

Harnett County Department of Public Health Site Sketch

Property Location: Hwy 5	Vecs Subdivision	Lot #
Authorized State Agent:	9 1 1 1 A	1-4-23
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	335 1+;	
Hwy 55		

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