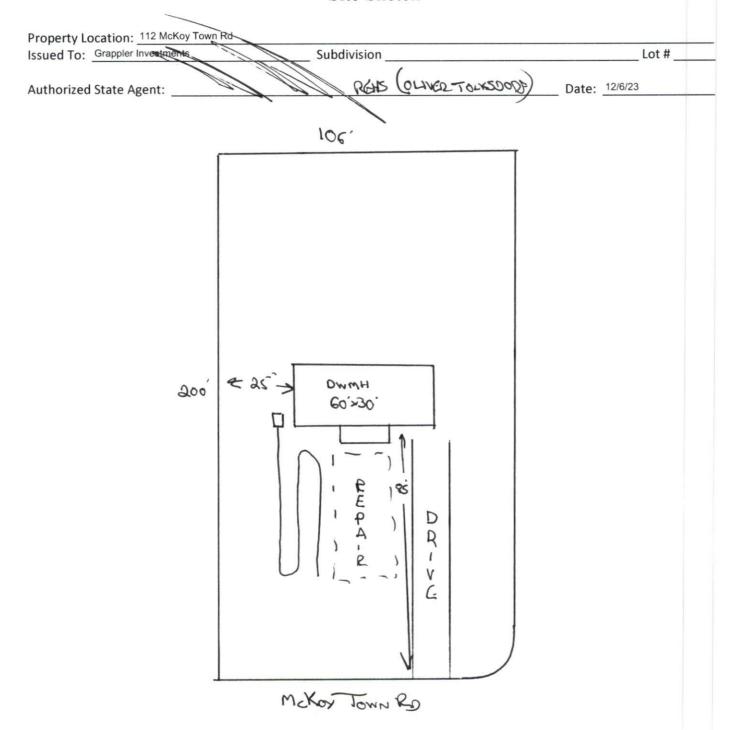
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 112 McKoy Town Rd ISSUED TO: Grappler Investments KOLSIVICALIS NEW X Site Improvements required prior to Construction Authorization Issuance: REPAIR Type of Structure: DWMH (60'x30') Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 360 Number of bedrooms: 3 Number of Occupants: 6 Basement Yes X No X No Pump Required: Yes May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well ______feet X Five years Permit valid for: No expiration Permit conditions: Date: 12/6/23 BEHS Authorized State Agent:: Authorized State Agent::

The issuance of this permit by the Health Department in no way guarantees the squance 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: Grappler Investments PROPERTY LOCATION: 112 McKoy Town Rd LOT # SUBDIVISION Facility Type: DWMH (60'x30') Expansion Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) 25% Reduction System Number of trenches 1 Installation Requirements/Conditions Septic Tank Size 1000 gallons Exact length of each trench 120 _feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: 12 Pump Tank Size _____gallons Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. __ _ inches below pipe Aggregate Depth: ______ 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: This Construction Authorization is subject to revocation 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 Date: 12/6/23 Authorized State Agent: _ Construction Authorization Expiration Date: 12/6/28

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.