HTE# 08-5-21080

Ha...ett County Department of Public .lealth

25153

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: JACKSON RD DAVID & SUSAN JORDAN SUBDIVISION DAVIO E JORDAN LOT # 2 EXPANSION REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: GARAGE of BATHROOM (EXETING BUILDING Proposed Wastewater System Type: Pump To Conversion AL Projected Daily Flow: 150 Number of bedrooms: Number of Occupants: 4 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 100 feet Permit valid for: Five years Permit conditions: ■ No expiration Date: 11 25 08 Authorized State Agent:: 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: DAVID & SUSAN JODDAN PROPERTY LOCATION: JACKSON RD SUBDIVISION DAVID E JOSOAN LOT # Facility Type: GARAGE TY BATHROOM New Expansion - Repair Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No Type of Wastewater System** Pume CONVENTIONAL (Initial) Wastewater Flow: 100 GPD (See note below, if applicable

) PUMP CONVENTIONAL Installation Requirements/Conditions Number of trenches Trench Spacing: Feet on Center Septic Tank Size 1000 gallons Exact length of each trench 40 Pump Tank Size _______ gallons Soil Cover: 8-12 Trenches shall be installed on contour at a (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. _____ GPM 6 inches below pipe Aggregate Depth: and inches above pipe **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: Construction Authorization Expiration Date: 1125

Harnett County Department of Public Health Site Sketch

