HTE# 08-5-2128 Z.R. Harnett County Department of Public realth

25117

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SZ 1505 PEARED & RD LOT # Site Improvements required prior to Construction Authorization Issuance: Type of Structure: ___ EX SFD Proposed Wastewater System Type: Fx Sunform Projected Daily Flow: 480 GPD Number of bedrooms: ______ Number of Occupants: _____ max 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 conditions:

NEW TANK TO

**ESTENGLIMES -

THOST ABIK TO Five years No expiration RECORNECT TO 010 DRAZISLENES - NEW SYSTEM WILL BE REQUERE 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 is 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: PROPERTY LOCATION: 52.1505 PEARSOGE CD

SUPPLIES

Facility Type: Ex SFD ... New Expansion ... Repair Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size 1200 gallons Pump Tank Size gallons Maximum Trench Depth of: ______ 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. ____ GPM Aggregate Depth: 2 inches below pipe

Aggregate Depth: 2 inches above pipe

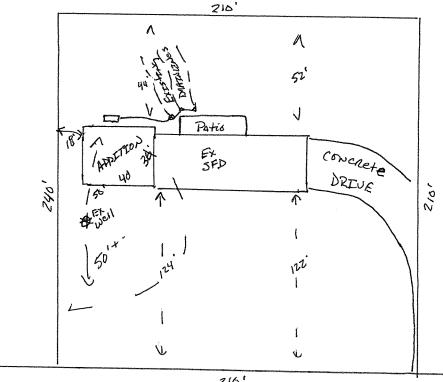
ABIE TO RECONNECT - NEW System Cayou + IS

Regulation the surface inches total 6 ____ inches below 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 James & Markantans Authorized State Agent: Construction Authorization Expiration Date: 12-15-13 8-20-19

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATION: 572/505 Penning RD		
ISSUED TO: Rogen DUPNEC	SUBDIVISION	8	LOT #
Authorized State Agents Amos & Ma	whant was	Date: 12-15-08	2-20-14

- * Existing Septic Tank under Existing Patio:
- * New Septic TANK Regurned MENEMUM.
- * IF NOT ABLE TO RECONNECT to EXISTENG DREWLENGS NEW DRAIN LINES WILL BE REGULARD.
- * Septic Contractor to contact ENVERONMENTAL HEAlth
 About Requirements prior to INSTAN OF NEW 1200 GAT Septic TANK.
 Ability to reconnect is in guestion.



SR 1505 PEANEdge ND