HTE# 08-5-2128222 Harnett County Department of Public Health 28377 Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 201505 SUBDIVISION VEXPANSION 🛮 Site Improvements required prior to Construction Authorization Issuance: SFD- PEXPANSED Type of Structure: Proposed Wastewater System Type: 25% RADULTZ Projected Daily Flow: 660 GPD Number of Occupants: ____/O ___max Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: □Yes ☐ No Type of Water Supply:
Community Public Well Distance from well _______feet Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:: 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. Basement? Yes Basement Fixtures?

Yes 25% NADW With Systa (Initial) Wastewater Flow: 600 Type of Wastewater System** (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size /500 gallons Pump Tank Size _____ gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 26->18 inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM 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 Expiration Date:

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.

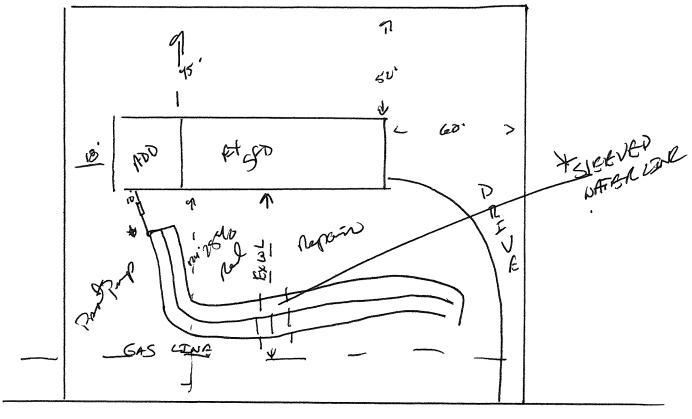
Authorized State Agent:

HTE#	08	5	- 21	28	ZRZ
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Permit # <u>28377</u>

Harnett County Department of Public Health Site Sketch

	7	`	PROPERTY LOCATON:	1505 p	exided (b)	
ISSUED TO:	KORRA	Duprie	SUBDIVISION	•	8 LOT #	
	1	07	1 1			
Authorized Stat	te Agent: a		1 Anhant	Date:	5-13-15	



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