HTE# $10-5-250.93$ Harnett County Department of Public Health	26079		
Improvement Permit			
A building permit cannot be issued with only an Improvement Permit			
ISSUED TO Thi helle Homos Subdivision Auster Forms	unton as		
ISSUED TO: Mi Lelle Hamoons SUBDIVISION Auster Farms NEW REPAIR C EXPANSION SUBDIVISION Site Improvements required prior to Construction	LOT # 19		
NEW Let REPAIR C EXPANSION I Site Improvements required prior to Construction	on Authorization Issuance:		
lype of Structure: <u>EX SFB</u>			
Proposed Wastewater System Type: 25010 REBUCIOUD - RECENTY			
Projected Daily Flow: 360 5 4 80 GPD			
Number of bedrooms: <u>Y</u> Number of Occupants: <u>B</u> max			
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 feet Permit vali	d for: 🕑 Five years		
Permit conditions:			
Franch DRAIN WEITH DAMENLERS ANTER	No expiration		
Contractor to meet on STA Prion to ENSTRAL			
Authorized State Agent: Jame Montoston Date: 9-20-10	SEE ATTACHED SITE SKETCH		
The intrustice of this parmit by the Health Department in the second secon	STE MERCH		

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: Michelle Hammons	PROPERTY LOCATION: <u>Sec 196</u>	For LOT # 19
	SUBDIVISION AUSTEN	Fran 8 LOT # 19
Facility Type: <u>Ex SAD</u>	New 🖸 Expansion 🗌 Repair	
Basement? 🗌 Yes 🗹 No 🛛 Basement Fixth	ıres? 🗆 Yes 🖉 No	
Type of Wastewater System** Existing 2	5% REDUCTION System	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable \Box)		
	un / LPP Repaire (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size (1000) gallons	Exact length of each trench feet	Trench Spacing: 9 Feet on Conter
Pump Tank Size gallons	Trenches shall be installed on contour at a	Trench Spacing: Feet on Center Soil Cover:6 inches
	Maximum Trench Depth of: $\underline{ZZ'}$ inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	
	in all directions)	36" above the trench bottom)
Pump Requirements:ft. TDH vs	,	
		inches below pipe
Conditions: French MAZ	I DETH MATURE	Aggregate Depth: inches above pipe
Adalata	Sherry action (4)	inches total
	outractor to meet on 35	Aggregate Depth: Z inches below pipe <u>IZ</u> inches above pipe <u>IZ</u> inches total IE Friend to Ensited (
	is different from the type specified on the application.	
Owner/Legal Representative Signature:		Date:
	t, or the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of t	he Laws and Rules for Sewage Treatment and Disposal and to the condition	ns of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Jones 5 Man	hafters Date: _	9-20-10
Authorized State Agent: Date: Date: 9-20 - 10 Construction Authorization Expiration Date: 7-20 - 15		

HTE# 10-5-25043 Permit # _26079 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: <u>In 140 9 Orhaidege Diver rep</u> SUBDIVISION Austra France LOT # 19 ISSUED TO: Michelle Hommons Authorized State Agent: Janes Marchanteres ____ Date: ____9-20-10 * All Water LENCS IN NEW Work ANGAS TO BE MOVED to Propen Setpacks of Water Care. TO STANT HANG -TWINFEELD DR FRENCERATO 250% Test Repair ·b RED Aner DRAT L U uce may wered Exostage 3Ben er SFD to BEMOURI SFD +0 4 BRA ExP M EXDOL) VECEN WET - ANBA WET AKBA

* Contractor to meet ON SITE Prion to INSTALL.