26100

HTE# 59-5-22439 R Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 31 1414 Piney Conone RD ISSUED TO: N.C. Minacle Revisal Centersubdivision Charles lee Coheran LOT #To Z NEW REPAIR DEPARTED EXPANSION DESTRUCTION DESCRIPTION DE BIDGE Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 2576125000 Projected Daily Flow: ASD 360 GPD Number of Occupants: 60 - CHVACH max Number of bedrooms: Basement TYes May be required based on final location and elevations of facilities Pump Required: ☐Yes Five years Type of Water Supply:

Community Public Well Distance from well ______ feet Permit valid for: ■ No expiration Permit conditions: CONTRACTOR TO MEET ONSTITE PRIOR to EXSTALL 1 Date: 12-1410 The issuance of this permit by 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. Facility Type: CHUNCH | Multipurpose BIDL | New | Expansion | Repair

Basement? | Yes | No | Basement Fixtures? | Yes | No 25% REDUCTUN SISTEM (Initial) Wastewater Flow: DO GPD Type of Wastewater System** (See note below, if applicable \square) 25% PADO URUN Sus Los (Repair) Number of trenches Z Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 22-7/8 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: Z inches above pipe

1/2 inches total Pump Requirements: ft. TDH vs. **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 SEE ATTACHED SITE SKETCH 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. and Manhatake Date: 17-14-18 Authorized State Agents Construction Authorization Expiration Date: _ 12 1415

HTE# 09-5-22439 R

Permit # 26100

Harnett County Department of Public Health Site Sketch

