

HTE# 07-5-1698R

Harnett County Department of Public Health

24314

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ALPHONSO MOSLEY PROPERTY LOCATION: NC Hwy 87
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION BABCOCK LOT # 37
 Type of Structure: DAYCARE 3072 sq Site Improvements required prior to Construction Authorization Issuance: PRESSURE MANHOLE DESIGN NEEDED
 Proposed Wastewater System Type: PUMP TO INNOVATIVE
 Projected Daily Flow: 1185 GPD
 Number of bedrooms: — Number of Occupants: 79 max
 Basement ☐ Yes ☒ No (CHILDREN + STAFF)
 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 50 feet Permit valid for: ☒ Five years
 Permit conditions: ☐ No expiration

Authorized State Agent: [Signature]Date: 9/5/07

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: _____

Facility Type: _____

Basement? ☐ Yes ☐ No Basement _____

Type of Wastewater System** _____

(See note below, if applicable ☐)Installation Requirements/Conditions

Septic Tank Size _____ gallons

Pump Tank Size _____ gallons

Pump Requirements: _____ ft. TDH vs. _____

Conditions: _____

CA TO BE ISSUED

AFTER DESIGN

FOR PRESSURE

MANHOLE HAS BEEN

APPROVED

LOT # _____

_____ GPD

ch Spacing: _____ Feet on Center

Cover: _____ inches

maximum soil cover shall not exceed

6" above the trench bottom)

_____ inches below pipe

regate Depth: _____ inches above pipe

_____ inches total

**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: _____ Date: _____

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: _____ Date: _____

Construction Authorization Expiration Date: _____

HTE# 07-5-16983R

Permit # 24314

Harnett County Department of Public Health Site Sketch

ISSUED TO: ALFONSO MOSLEY PROPERTY LOCATION: NCHwy 87
SUBDIVISION BABCOCK LOT # 37
Authorized State Agent: [Signature] RS (OLIVER TOLKSDOFF) Date: 9/5/07

