Authorized State Agent:

HTE# 14-5-33904 Harnett County Department of Public Health

27886

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 30 1727 JUGGS MD PeterkEn SUBDIVISION WAITS CROSSENG NEW 🔀 EXPANSION REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: DWMH Type of Structure: ___ Proposed Wastewater System Type: 25% Resources Projected Daily Flow: 480 GPD Number of Occupants: ____ & ___ max Number of bedrooms: Basement □Yes May be required based on final location and elevations of facilities ☐ No Pump Required: □Yes Type of Water Supply:
Community Public Well Distance from well 50' feet Five years Permit valid for: Permit conditions: ☐ No expiration Date: The issuance of this permit by the lealth 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: James A Peterkers PROPERTY LOCATION: SC1725UGG5 NO SUBDIVISION WAITS CROSSENG SUBDIVISION WHTS

New Expansion Repair

Basement Fixtures? Yes Type of Wastewater System** 25% 12680 CTCD System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable □) 25% REBUCTION Systa (Repair) Number of trenches Z **Installation Requirements/Conditions** Exact length of each trench ______ feet Trench Spacing: _____ Feet on Center Trenches shall be installed on contour at a Soil Cover: _____ inches Septic Tank Size 1200 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 28718 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 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: / 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

Construction Authorization Expiration Date: 6-24-19

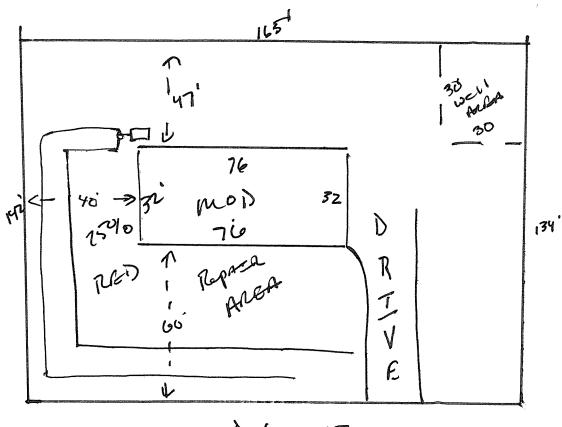
HTE#	14-	5-	33	90	4

Permit # 27 886

Harnett County Department of Public Health Site Sketch

	_	4	າ .	PROPERTY LOCATON: SKL1727 SUGGS ILD				
ISSUED TO:	JAMRS	<u> </u>	Peterkon	SUBDIVISION WAITS			LOT #	9
Authorized S	tate Agent:	ar	nes E p	Manhante	Date:	6-24-	-14	

& NOWATER ON POWER LINES IN SYSTEM ON REPORTA ANEAS.



Delaney CT

SCALE 1"= 30'