HTE# 15-3-35810 Mod Harnett County Department of Public Health 35813 GARAGE Improvement Permit

28361

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION 1/1/8 Rever 1/8

ISSUED TO: Mark + Audrey Perday 145 SUBDIVISION Captures Landing LOT #

NEW REPAIR | EXPANSION | Site Improvements required prior to Construction Authorization Issuance: MODULAL Type of Structure: Proposed Wastewater System Type: 25% REDUCTION Systian Projected Daily Flow: ____360 Number of Occupants: _____ 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 Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent:

Date: 4-17-15

SEE ATTACHED SITE SKETCH

The issuance of this permit by Affe 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: MUDULAX | New | Expansion | Repair | Repai Facility Type: MODULAX Basement? Yes No Basement Fixtures?

Yes (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable \square) Number of trenches ZOR 3

Exact length of each trench Soor feet Trench Spacing:

Soil Cover: Feet on Center inches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 30 > 8(Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: ______ inches below pipe inches above pipe ______ inches total 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 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.

Authorized State Agent:

Date: 4-17-15

Construction Authorization Expiration Date: 4-17-20

	358101	MODOLAN
HTE# <u>/5-5-</u>	32513	DET GARAGE

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 51/4/8 NIJAN ND

ISSUED TO: MARK + Audrey Pendon Ref SUBDIVISION Captures Landence LOT # 26-P.

Authorized State Agent: Date: 4-17-15

