HTE# 07-500 177 67 Harnett County Department of Public health 23947

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NC 27 ISSUED TO: Lorena Batchelon SUBDIVISION LOT # 2 NEW REPAIR EXPANSION Type of Structure: SFD 25 x 57 302

Proposed Wastewater System Type: Convolution Site Improvements required prior to Construction Authorization Issuance: 11.7 Ac Projected Daily Flow: 360 Number of Occupants: Number of bedrooms: 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 Five years Permit conditions: Meet onsite student plumbing shallow at grandlevel or higher where shown maintain All set Back!

Keep hell loo from any part of septic system ☐ No expiration Authorized State Agent:: 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: LORGA BAtchelon PROPERTY LOCATION: NC27 Facility Type: SFO - 25×57 - 302 New SUBDIVISION _____ Repair 11.7m Basement? ☐ Yes 🔀 No Basement Fixtures? ☐ Yes 🔀 No Type of Wastewater System** Convertison (Initial) (See note below, if applicable 257. Red-ction Syla 3001 (Repair) Installation Requirements/Conditions Exact length of each trench 1 x 400 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: _____ 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: _______ inches below pipe inches above pipe inches total Pump Requirements: ft. TDH vs. Conditions: **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 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. Construction Authorization Expiration Date: Authorized State Agent:

Harnett County Department of Public Health Site Sketch

