HTE# 08-5- 70814R Harriett County Department of Public Health

24841

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SIE 1435 Tripp RD SUBDIVISION wm Developed ISSUED TO, T.H. BAKER Site Improvements required prior to Construction Authorization Issuance: SFD Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: 360 GPD Number of bedrooms: ______ Number of Occupants: _____ max Basement Yes May be required based on final location and elevations of facilities Pump Required: Tes ☐ No Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent fores E Monkantons Date: SEE ATTACHED SITE SKETCH The issuance of this permit by Mealth 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: T.H. BAKER PROPERTY LOCATION: 521435 TREPO RD SUBDIVISION WMJ DEVELOPER Expansion Repair Basement Fixtures?

Yes Basement? Yes (Initial) Wastewater Flow: 360 Type of Wastewater System** 25% 2600000 Systan GPD (See note below, if applicable

) Number of trenches Z Installation Requirements/Conditions Septic Tank Size __/OOO __ gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 30 -> 18 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. ___ Aggregate Depth: 2 inches above pipe /2 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: 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: James CMANHARTER 182 Date: 9-18-08 Construction Authorization Expiration Date: 9-18-13

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	1435 Tripp	ZA			
ISSUED TO: T. H. BAKER	SUBDIVISION	WMT		LOT # _	1	_
Authorized State Agent	E Markant on no	Date:	6-16-09			_



