HTE# 08-5-20121

Authorized State Agent:

Harnett County Department of Public Health

24817

Improvement Permit

ISSUED TO: TWR VENTURES, LCC SUBDIVISION TRISONAL TROUSFRIAL Park LOT # 4

NEW REPAIR | EXPANSION | Site Improvements required. A building permit cannot be issued with only an Improvement Permit REPAIR

EXPANSION

EXPANSION

Site Improvements required prior to Construction Authorization Issuance:

TNDUSTRY - METAL BUSINESS / 120 x60 Proposed Wastewater System Type: 25% Retruction system Projected Daily Flow: 450' GPD Number of Occupants: 18 Employees Number of bedrooms: Basement TYes May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well feet Permit valid for: Permit conditions: ■ No expiration Authorized State Agent.

Date: 6-24-08

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: \(\overline{\text{VENTURES}}, \(\overline{\text{UC}} \) \(\overline{\text{VENTURES}}, \overline{\text{VENTURES}}, \(\overline{\text{VENTURES Pump Tank Size 1000 gallons

Frenches shall be installed on contour at a gallons

Trenches shall be installed on contour at a gallons

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Trenches Spacing: 9 Feet on Cover: 6 inches

(Maximum soil cover shall not exceed gallons)

Therefore Trench Spacing: 9 Feet on Cover: 6 inches

Trenches Shall be installed on contour at a inches

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Trenches Spacing: 9 Feet on Cover: 6 in Exact length of each trench _______ feet Trench Spacing: ______ Feet on Center in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM 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. SEE ATTACHED SITE SKETCH

Construction Authorization Expiration Date: 6-24-13

Harnett County Department of Public Health Site Sketch

ISSUED TO: _TWR VENTURE	PROPERTY LOCATON: Havy 401 N 5, LLC SUBDIVISION Trison the INDUSTRIAL PARK LOT # 4
Authorized State Agent Jones (1	Date: 6-24-08
Authorized State Agent Jones & **SEPTIC TANK **SEPTIC TANK **TOOO' GAT **Pump trank **CAT TO BE SYSTALLED EXACTLY AS DANN. 25	50°060 13°070°00 50°060°066°000 12°050 10°00 10°
	152
JARCO DREVE.	