Authorized State Agent:

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 5/2/703 1260 H=11CH 120 LOT # SUBDIVISION C5D NFW 🗹 EXPANSION Site Improvements required prior to Construction Authorization Issuance: SFD Type of Structure: Proposed Wastewater System Type: 25% REDWTON Projected Daily Flow: 360 Number of bedrooms: 3 Number of Occupants: 6 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 Permit valid for: ■ No expiration Permit conditions: 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 Jayout. PROPERTY LOCATION: SR 170 3 REIS 1401 CH PCS ISSUED TO: KEITH Blocken Facility Type: _____ SED Expansion Repair Basement Fixtures? Yes Wastewater Flow: _360 ___ GPD 25% REDUCTION Syster (Initial) Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size Trenches shall be installed on contour at a Maximum Trench Depth of: 24-718 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** Conditions: STUB PIUMBINGOUT HEGHON Right RAAM COUNCIL. I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. ** If applicable: 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.

Date: 4-16-67
Construction Authorization Expiration Date: 4-16-12

HTE# 65-5-1178217

Permit # <u>23779</u>

Harnett County Department of Public Health Site Sketch

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