

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: Hwy 210N

ISSUED TO: Troy Wilkerson SUBDIVISION: _____ LOT #: _____

NEW [X] REPAIR [] EXPANSION []

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: 48000sqft BUILDING

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 875 GPD EMPLOYEES

Number of bedrooms: _____ Number of Occupants: 35 max

Basement [] Yes [X] No

Pump Required: [] Yes [] No [X] May be required based on final location and elevations of facilities

Type of Water Supply: [] Community [X] Public [] Well Distance from well 100 feet

Permit valid for: [X] Five years

Permit conditions: PERMIT BASED ON SOIL CONSULTANTS PROPOSAL

[] No expiration

Authorized State Agent: [Signature] RS Date: 10/3/08 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: Troy Wilkerson PROPERTY LOCATION: Hwy 210N SUBDIVISION: _____ LOT #: _____

Facility Type: 48000sqft BUILDING [X] New [] Expansion [] Repair

Basement? [] Yes [X] No Basement Fixtures? [] Yes [X] No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 875 GPD

(See note below, if applicable []) 25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

Septic Tank Size 2000 gallons TRAFFIC RATED Number of trenches 1 Exact length of each trench 550 feet Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches

Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed 36" above the trench bottom) (Trench bottoms shall be level to +/-1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe

2 inches above pipe

Conditions: SEPTIC FIELD LOCATION ON SITE PLAN DATED 9/11/08 12 inches total

SUPPLY TO BE SLEEVED WITH IRON DUCTILE PIPE OR SET 36" BELOW FINAL GRADE. SEPTIC FIELD TO BE FENCED OFF TO PREVENT ANY VEHICULAR TRAFFIC.

**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: _____ Date: _____

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: [Signature] RS Date: 10/3/08

Construction Authorization Expiration Date: 10/3/13

HTE# 08-S-20492

Permit # 25024

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: Hwy 210N

ISSUED TO: Troy Winkerson SUBDIVISION _____ LOT # _____

Authorized State Agent: [Signature] OB (OLIVER TOLKSON) Date: 10/3/08

