HTE# 08-5-20909 Hamett County Department of Public mealth

25110

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: X RATFORD RA James Smith SUBDIVISION LOT # EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MODULAR HOMO Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: 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: Permit conditions: ■ No expiration SEE ATTACHED SITE SKETCH The issuance of this permit by the yealth 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, .1954, .1955, .1956, .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. PROPERTY LOCATION: 577 RAWFORD RA ISSUED TO: TAmes Smith Basement? Yes No Basement Fixtures? Yes (Initial) Wastewater Flow: 360 Type of Wastewater System** 25% REDUCTED System (See note below, if applicable

) Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 gallons Soil Cover: Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 28-718 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) inches below pipe Pump Requirements: ft. TDH vs. **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 SEE ATTACHED SITE SKETCH 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: 11 - 7 - 08 Authorized State Agent Construction Authorization Expiration Date: _____/1 — 7 — /3

Harnett County Department of Public Health Site Sketch

		. 44	PROPERTY LOCATON:	RARFORDR	D
ISSUED TO: _	JAmes	Smith	SUBDIVISION		LOT # 55/56
Authorized Sta	te Agent: Jan	as & Mar	shortens	Date://-	7-08

