HTE# 09-5-22385 Harnett County Department of Public Health 25421 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit ISSUED TO: BERNARD YOUNG PROPERTY LOCATION: Hwy 210 N SUBDIVISION WORKER A DUPLE LOT # _2 EXPANSION 🗆 NEW 🗹 REPAIR 🗔 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: Contention and Projected Daily Flow: 360 GPD Number of bedrooms: 3, Number of Occupants: 6 max Basement 🛛 Yes 1 No May be required based on final location and elevations of facilities Pump Required: 🗆 Yes 👘 No Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well Distance from well ______ feet Five years Permit valid for: Permit conditions: No expiration Authorized State Agent: mes E Marker feelds Date: 7-27-09 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: Bennand burng PROPERTY LOCATION: Hwy ZION SUBDIVISION WELLEM A DUPLEE LOT # 2 SUBDIVISION WITTER New Expansion Repair Facility Type: _____ Basement? Yes Basement Fixtures? 🔲 Yes TNO _____ (Initial) Wastewater Flow: <u>360</u> GPD Type of Wastewater System** CONTENTIONAL (See note below, if applicable \square) CONVENTION A1 (Repair) Number of trenches <u>4</u> Exact length of each trench <u>75</u> Installation Requirements/Conditions ____ feet Trench Spacing: _____ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches Maximum Trench Depth of: $26 \rightarrow 18$ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: <u>2</u> inches below pipe <u>12</u> inches above pipe <u>12</u> inches total 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: 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: James 2 Montant	Date: 7-27-09
Construction Au	thorization Expiration Date: 7 - 27 - 14

