HTE# 11-5-27498

Harnett County Department of Public mealth

Improvement Permit

26531

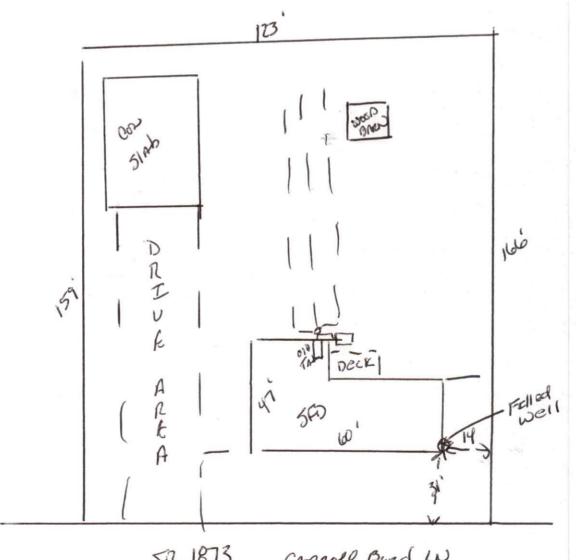
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Elm 5 = SUBDIVISION OAKSALA Site Improvements required prior to Construction Authorization Issuance: NEW NEW SFI) Type of Structure: Proposed Wastewater System Type: Ex BEN Projected Daily Flow: 366 Number of Occupants: ______ max Basement Yes Pump Required: □Yes ☐ No ☐ May be required based on final location and elevations of facilities Five years Type of Water Supply:

Community Public

Well Distance from well feet Permit valid for: ■ No expiration Permit conditions: SEE ATTACHED SITE SKETCH Authorized State Agent:: 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, .1950, .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: Robert TANA Meland PROPERTY LOCATION: KIMST Facility Type: NEW SGD Subdivision New Expansion Repair (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable) NEW MANKTO EX SYSTEM Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 N gallons Exact length of each trench _____ Trench Spacing: Pump Tank Size ____ Trenches shall be installed on contour at a Soil Cover: inches Maximum Trench Depth of: (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. inches below pipe inches above pipe ReplACE TANK inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **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. Authorized State Agent: Construction Authorization Expiration Date: 5-29-16

Harnett County Department of Public Health Site Sketch

Authorized State Agent: pres & Markon free Date: 9-25-11	ISSUED TO: Robert + Tana McLanb SUBDIVISION	:SC 1873 Convoll Byrd	LOT # _ Z
	Authorized State Agent: pres & Markon free	Date: 9-29-//	
18' —			
	18		



SP 1873