Authorized State Agent:

HTE# 11-5-2758312 Harnett County Department of Public Health

28224

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 321504 Lepsconb es REPAIR | EXPANSION | SIDE Improvements required prior to Co ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: NEW 🗗 Type of Structure: _____ Del MI+ Proposed Wastewater System Type: 25% Reads
Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8 max Basement □Yes Basement ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilities

Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well ☐ Ø feet Permit valid for: Five years Permit conditions: ☐ No expiration Authorized State Agent:: Date: Z-12-15 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. Type of Wastewater System** 2500 Robot Sys (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons (Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom) in all directions) Aggregate Depth: 6 inches below pipe inches above pipe 1/2 inches total Pump Requirements: _____ft. TDH vs. ____ GPM Conditions: 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 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 m & Markate

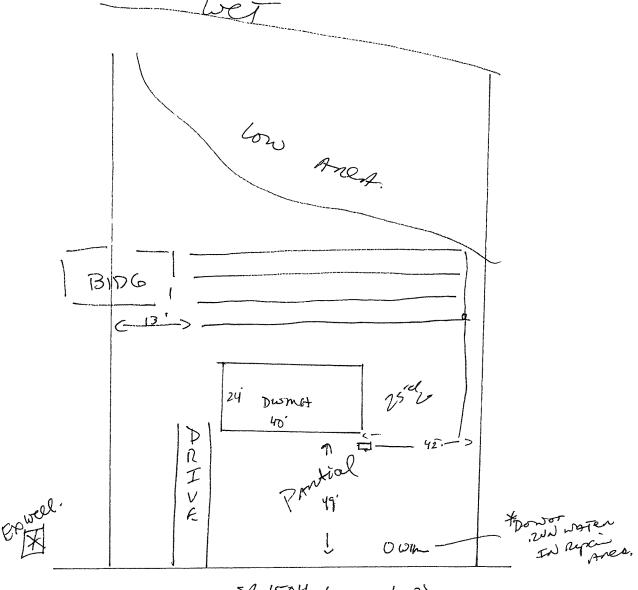
Construction Authorization Expiration Date: 2-12-20

Permit # 28224

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 5-1504 CEPS COMB NO ROUNIQUEZ SUBDIVISION NEW HORIZONS LOT # 4

Authorized State Agent: Date: 2-12-15



SC 1504 (Epscond 12)