HTE#<u>14-5⁻-34491</u>

Authorized State Agent:

Harnett County Department of Public Health

28066

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SCI 542 010 BUTES CHEEK ND SUBDIVISION NEW 🛂 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: 25% 776000000 Projected Daily Flow: 360 GPD Number of Occupants: Number of bedrooms: Basement TYes Pump Required: Mes ☐ No May be required based on final location and elevations of facilities Public Well Distance from well ______ feet Five years Type of Water Supply:

Community Permit valid for: ■ No expiration Permit conditions: _ Authorized State Agent:

Date: 9-4-14 SEE ATTACHED SITE SKETCH

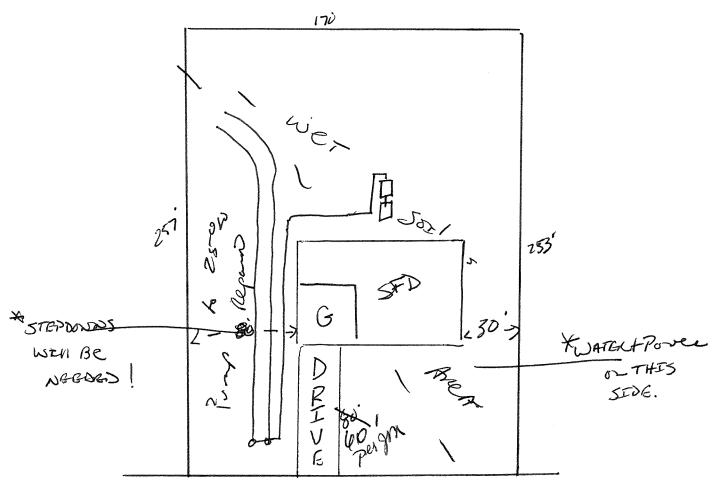
The issuance of this permit by the health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. 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: Dany Hughes PROPERTY LOCATION: SUSSIE CREEK P. ☐ ★Expansion ☐ Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Pump to 25% REDUCTION _____ (Initial) Wastewater Flow: <u>360</u> GPD (See note below, if applicable □) Number of trenches Installation Requirements/Conditions Septic Tank Size / 600 gallons Pump Tank Size / 000 gallons Exact length of each trench _____ feet Trenches shall be installed on contour at a Maximum Trench Depth of: $24 \rightarrow 18$ 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: ______ inches below pipe _____ inches above pipe Pump Requirements: ______ft. TDH vs. _____ GPM 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: / 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.

Construction Authorization Expiration Date:

HTE# 14-5-34491

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON 5454	2 OID	BULLSCRE	ek li	
ISSUED TO: Jane History	SUBDIVISION			LOT #	7
	1 60		ad 111		•
Authorized State Agent: James Mits	harte	Date:	9-4-17		



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