HTE# 06-5-14511

Harnest County Department of Public smalth 24559

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 5R 1429 Royner Builders Inc SUBDIVISION Dextert: eld LOT # 15 OT CHIEST Site Improvements required prior to Construction Authorization Issuance: SFO Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: Number of bedrooms: Number of Occupants: Basement Yes Pump Required: □Yes May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well feet Five years Permit valid for: ■ No expiration Permit conditions: 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: Raynor Builder Inc. PROPERTY LOCATION: 521429 SUBDIVISION Dextertield 10T # 15 Facility Type: 5FD New Expansion Repair Basement? Yes Basement Fixtures? Yes □ No Wastewater Flow: 360 (Initial) Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Septic Tank Size Existing gallons
Pump Tank Size gallons Exact length of each trench 4 X 40 feet Trench Spacing: Feet on Center Trenches shall be installed on contour at a Maximum Trench Depth of: 34 inches (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 Conditions: For distribution are flow dividers (3 total) Drainliner inches total to be fed at beginning that center X Contractor to meet ansite prior to instalation I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. **If applicable: 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. Authorized State Agent; Construction Authorization Expiration Date: 2/12/2013

Permit # 24559

Harnett County Department of Public Health Site Sketch

SSUED TO: Ray nor Builder, Inc. Authorized State Agent: Lynn M. Sain	PROPERTY LOCATON: 5R1429 SUBDIVISION Dexterfield Date: 2/12/2008	_ LOT # <u>/</u>
	216 Report Filesting	
* Existing System to be disconnected	DRESSE RESSER	

* Power to howe will need to be revolted not to interfeor w/ New

Drainlines

* Pre Installation meeting 3/c/2008