

HTE# 06-5-15862

Harnett County Department of Public Health

23339

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Michael W Cochran PROPERTY LOCATION: Hwy 411N
 SUBDIVISION ME11BRANCH LOT # 13
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
 Type of Structure: SFD
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 No expiration
 Permit conditions: _____

Authorized State Agent: James E. Manhart Date: 11-15-06 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: Michael W Cochran PROPERTY LOCATION: Hwy 401N
 SUBDIVISION ME11BRANCH LOT # 13
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 4 x 80 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total

**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.

Authorized State Agent: James E. Manhart Date: 11-15-06 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 11-15-11

HTE# 065-15867

Permit # 23339

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 401N

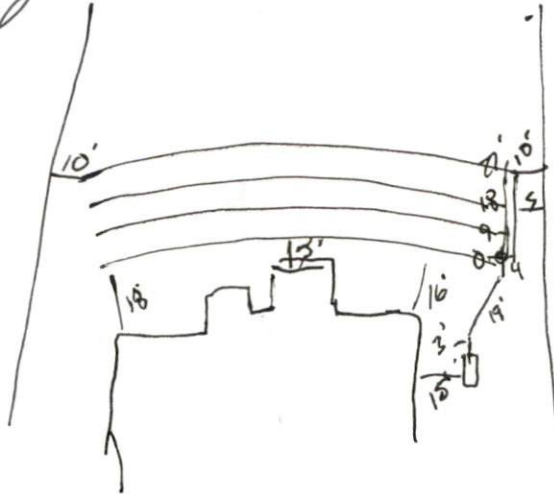
ISSUED TO: Michael W Cochran

SUBDIVISION Mill Branch

LOT # 13

Authorized State Agent: James E Martens

Date: 11-15-06



* MORE CLEANING
TO BE
DONE BEFORE
INSTALL.

WOODEN AT ISSUE DATE

Mill Branch Circle