

HTE# 06-5-15886

Harrington County Department of Public Health

23315

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Michael Anderson Homes Inc PROPERTY LOCATION: Hwy 401
 NEW REPAIR EXPANSION SUBDIVISION: Mell Branch LOT # 16
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% RED 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
 Permit conditions: STUB PUMPING OUT AS HIGH AS POSSIBLE NEAR LEFT No expiration
IDEAL CORNER OF HOME

Authorized State Agent: James E. Mankoff Date: 10-23-06 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 Anderson Homes Inc PROPERTY LOCATION: Hwy 401
 SUBDIVISION: MELL BRANCH LOT # 16
 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 Repair (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 3 x 100' 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" max 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 _____ inches below pipe
 Conditions: _____ Aggregate Depth: 2 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. Mankoff Date: 10-23-06 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 10-23-11

HTE# 06-5-15886

Permit # 23315

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: Hwy 401

ISSUED TO: Michael Anderson

SUBDIVISION Mell Branch

LOT # 16

Authorized State Agent: Jane E. Montoya

Date: 10-23-06

