HTE# 06-50015957 Harnett County Department of Public health 23384

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: /// 6 SUBDIVISION COLONIAL EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: ___ 365 Number of Occupants: ______ max Number of bedrooms: ⋈ No Basement Yes 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 Five years Permit conditions: Mcct onsite for Final Layort ☐ No expiration STUB Out Plunbing shallow where shown - At ground level or higher Authorized State Agent:: 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. PROPERTY LOCATION: /// C SUBDIVISION COlonial H.11s LOT # 35 Facility Type: SFO-YOX65 3BC New Expansion - Repair Basement Fixtures? ☐ Yes No Basement? Yes No Type of Wastewater System** 25% Reduction system (Initial) Wastewater Flow: _____ GPD (See note below, if applicable Installation Requirements/Conditions Septic Tank Size Septic Tank Size spallons Exact length of each trench 1×227 feet Trench Spacing: Trenches shall be installed on contour at a Pump Tank Size _____ gallons Maximum Trench Depth of: ____/ sinches (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 Aggregate Depth: inches above pipe inches total Conditions: 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 Authorized State Agent: Construction Authorization Expiration Date: 11-5-2011

Harnett County Department of Public Health Site Sketch

	ISSUED TO: AD	< Partners	PROPERTY LOCATON: 116 SUBDIVISION Colonial Hills	_ LOT # <u>39</u>	
	Authorized State Agent	: Juh	Date: 11-5-06		
		/		5.7	
		13		587	
			r		CPOL
	DRIVE 36'		LIP REPAIR	Ĩ	Roll of Lat
١	36	3BP	LIP Repair		WAT
),		38r			
		42,0	25	Ĩ	
92			100		
1			517		
		13,			
				587	
XV.					
b			169.		
L .	STUB	3 out Plumb	ing shallow, At ground level or higher		
	Maintain All Sc-1 Backs				
	Mut onsite for Final Layort				
		(1) 12225	125% Red-clion system At 18"		
	437	(A) () (A)	7 23 B 144-11 100 393 14.		