

HTE# 06-5-15973

Harnett County Department of Public Health 23328

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ATKINS PLACE, LLC PROPERTY LOCATION: SR 1429 Chalybeate RD
 NEW REPAIR EXPANSION SUBDIVISION: DEXTERFIELD LOT # 14
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance:
 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
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Markham OR2 Date: 11-2-06 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: ATKINS PLACE, LLC PROPERTY LOCATION: SR 1429
 SUBDIVISION: DEXTERFIELD LOT # 14
 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 2 x 120 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 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.

SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Markham OR2 Date: 11-2-06
 Construction Authorization Expiration Date: 11-2-11

HTE# 06-5-15973

Permit # 23328

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: SR 1429 Chalybeate RD

ISSUED TO: ATKINS PLACE LLC

SUBDIVISION DEXTERFIELD

LOT # 14

Authorized State Agent: James E. Mankin

Date: 11-2-06

