HTE# 06-5-15974R

## Harnett County Department of Public mealth 23329

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: ST. 1429 Chaly beate RD
SUBDIVISION DEXTERFIELD ISSUED TO: ATKINS PIACE LLC REPAIR ☐ EXPANSION ☐ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFI) Proposed Wastewater System Type: 25% RK DUCTION System Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement Yes Pump Required: Tes No May be required based on final location and elevations of facilities Type of Water Supply: 

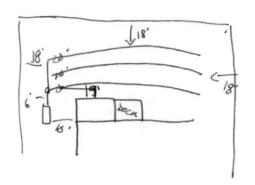
Community Public Well Distance from well feet Five years Permit valid for: ■ No expiration Date: 1/-21-06 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing 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. PROPERTY LOCATION: SR 1429 Chalpanto ND
SUBDIVISION DE XTENTERID LOT # 24 ISSUED TO: ATKIN PLACE LLC New Expansion Expair Facility Type: \_\_ SFD Basement? Yes No Basement Fixtures? Yes No 25% CADUTED ZELO (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* (See note below, if applicable 

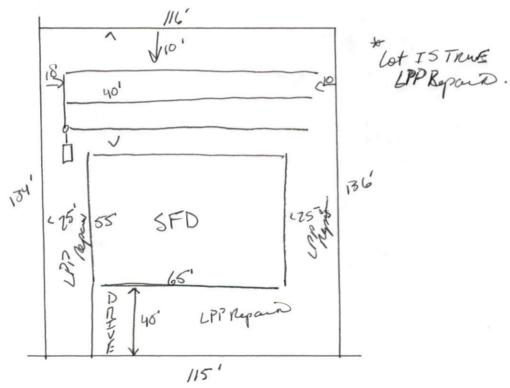
) Installation Requirements/Conditions Exact length of each trench 80 feet Trench Spacing: \_\_\_\_\_ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 inche (Trench bottoms shall be level to 4/-1/4 inches (Maximum soil cover shall not exceed 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. 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 Agency EMark Date: 11-21-06

Construction Authorization Expiration Date: 11-21-14

## Harnett County Department of Public Health Site Sketch

	O: ATKINS Place LLC SUBDIVISION DEXTENSELD LOT # 24		
ISSUED TO: ATKINS PLACE LLC	SUBDIVISION	DEXTENSILLS	LOT # 24
Authorized State Agents James Markon	fers	Date:	11-21-06





BRENDSMORE CT