HTE# 06-5-15980

Harnest County Department of Public sealth 23326

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SR-1942 PARRISLED ISSUED TO: WAITER PARTISK SUBDIVISION WOP REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 156/6REDUCTION System Projected Daily Flow: 360 GPD Number of Occupants: 6 Number of bedrooms: Basement Yes No May be required based on final location and elevations of facilities Pump Required: Tes No Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: ☐ No expiration Permit conditions: 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: SC 1442 PARASSERO SUBDIVISION WDP ISSUED TO: LAHER PARISL ☐ Expansion ☐ Repair Facility Type: SFD Basement Fixtures?

Yes

No Basement? Yes No Wastewater Flow: 360 GPD 25% REDUCTUON_ Just - (Initial) Type of Wastewater System** (See note below, if applicable 25% REDOCTION SASTE (Repair) Installation Requirements/Conditions Exact length of each trench BO feet Trench Spacing: 9 Feet on Center Soil Cover: 6 inches Septic Tank Size 1606 gallons Pump Tank Size gallons Maximum Trench Depth of: _________ inches (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. I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. **If applicable: 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: Date: N-1-06

Construction Authorization Expiration Date: 11-1-11

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Permit # 233 24

Harnett County Department of Public Health Site Sketch

PI	ROPERTY LOCATON:	SR 1442 P	maist RS
ISSUED TO: WALTER PARTISH	SUBDIVISION	WDP	LOT #
Authorized State Agent: James & Montas for	ne	Date: _	11-1-06

