HTE# 04-5-16014

Harnest County Department of Public ...alth 23342

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SPC / 7/12 /tobson RIS ISSUED TO: Branslow BethuNE LOT # / SUBDIVISION NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: 366 GPD Number of bedrooms: ______ Number of Occupants: 6 max 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 valid for: Permit conditions: ■ No expiration Authorized State Agent: One Markon forces Date: 11-16-06 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: Brandon Bething PROPERTY LOCATION: SYL712 Hobson RD SUBDIVISION LOT # / New Expansion Facility Type: SFD Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% netron System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable Installation Requirements/Conditions Exact length of each trench ______/06___ feet Trench Spacing: ______ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: 24 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. ____ inches above pipe inches total 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

HTE#	06-5-16014	
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Permit # _233 42

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SK1712 /tobson KD						
ISSUED TO: BRANCON Betherne	SUBDIVISION			OT #	1	
Authorized State Agent James En	Manhonders	Date:	11-16-06		L	

