## HTE# 06.500 160 2 900 Har t County Department of Public nealth 23809 Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 111 SUBDIVISION COLONIAL Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% Ced. Projected Daily Flow: 263 Number of Occupants: Number of bedrooms: Basement Yes No ☐ May be required based on final location and elevations of facilities Pump Required: ☐Yes ✓ No Type of Water Supply; 

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: Meet on it paintain All set DAck) ☐ No expiration Plubing Mallow Where shown Date: 07-21-07 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.

ISSUED TO: KBC Harri PROPERTY LOCATION: 1116 SUBDIVISION Colonial Facility Type: SFO-34x39 JOR New 🗆 Expansion 🗆 Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System\*\* Wastewater Flow: 763 GPD (See note below, if applicable Installation Requirements/Conditions Exact length of each trench 1 225 feet Trench Spacing: 9 Septic Tank Size 100 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: \ \ \ \ \ (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 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. Authorized State Agent:

Construction Authorization Expiration Date: D 21.20

## Harnett County Department of Public Health Site Sketch

