HTE# 06-5-1607612

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SC1429 Chalyberte KD SUBDIVISION DEXTENSEID ISSUED TO BREAN JOHNSON BUILDERS INC EXPANSION REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: 360 GPD Number of Occupants: 6 Number of bedrooms: 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 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: SR 1429 Chambeate RD

SUBDIVISION DEXTERFELITS LOT # 2 ISSUED TO: BRITAN JOHNSON BUTKERS INC New □ Expansion □ Repair Facility Type: SFD Basement Fixtures? Yes No Wastewater Flow: 360 GPD Type of Wastewater System** 25% REDUCTION Swall (Initial) (See note below, if applicable

) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 28→18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: _____ inches below pipe inches above pipe 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 Date: 12-12-06 Authorized State Agent: Construction Authorization Expiration Date: 12-12-11

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Authorized State Agence

Harnett County Department of Public Health Site Sketch

SSUED TO: DAVIDA JOHNSON BURGED INC SUBDIVISION DEXTREMETERIO

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