HTE# 07-500 16501R Harnett County Department of Public Health 23643 Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO: CAVING ST & CATE) PROPERTY LOCATION: 1141
SUBDIVISION The Jumm. + NEW Z REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD-57452 3.81 Proposed Wastewater System Type: Pury to 25% Reduction system Projected Daily Flow: 365 Number of bedrooms: ___ Number of Occupants: Basement Yes ☐ No May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community & Public Well Distance from well 50 feet Permit valid for: Five years

Permit conditions: Mccf on to Maintain All 5013 pc ks

STUB of Planking shallow, At ground level or higher where shown and any may not be received freep classification. Date: 02-05-07 Authorized State Agent:: SEE ATTACHED SITE SKETCH The issuance of this permit by the Aealth 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: CAVINEY 9 (Atc) PROPERTY LOCATION: // \ SUBDIVISION The JUMM, + LOT # // Y Facility Type: STD-57x [2-39n | New | Expansion | Repair Basement? Yes No Basement Fixtures? Yes No Roto 251/2 Red STL (Initial) Type of Wastewater System** Wastewater Flow: 365 GPD (See note below, if applicable 🔀) DYS LF of LPN Installation Requirements/Conditions Trench Spacing: Feet on Center Exact length of each trench / X 15 Geet Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: 1824 (Maximum soil cover shall not exceed x 21 Needed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM _____ 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. **lf 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. Date: 02-05-57 Authorized State Agent: \ Construction Authorization Expiration Date: 07-05-2012

HTE# 07-500 16521R

16521R Permit # 23647 Harnett County Department of Public Health Site Sketch

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