HTE# 07-5-16572

Harnest County Department of Public alth 24042

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 5/4425 Chalybeate RD SUBDIVISION DEXTENSELO ISSUED TO: BIHWEL HOMES INC REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% REDUCTION 545 HE Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: 3 Basement Yes Pump Required: Tes 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: ■ 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. ISSUED TO: BILLWEL HOMES INC PROPERTY LOCATION: SCI 429 Chalybeate PD
SUBDIVISION DEXTERFECID New Expansion Repair Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No Wastewater Flow: 360 GPD 25% REDVOTION Systs (Initial) Type of Wastewater System** (See note below, if applicable

) 25% REDUCTION System (Repair) Installation Requirements/Conditions Septic Tank Size ____/OOO ___ 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) Pump Requirements: ft. TDH vs. Conditions: ** If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. 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 Agents ames & MANhant RKS Construction Authorization Expiration Date: 2-7-07

Harnett County Department of Public Health Site Sketch

ISSUED TO: Bt Hwe I Homes INC SUBDIVISION DEXTENSION Date: 2-7-67

Authorized State Agent: Date: 2-7-67

