HTE# 07-5-165892 Harrien County Department of Public alth 24230

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SR/403 Howell Conford RD SUBDIVISION REMINEADON Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD Proposed Wastewater System Type: 2590 RADUCTOD System Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 Basement Tyes 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 Permit valid for: ☐ No expiration Permit conditions: 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 she 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: STEPHEN GREGORY PROPERTY LOCATION: 5/C/463 Facility Type: SFD Expansion Repair Basement Fixtures?

Yes Basement? Yes Wastewater Flow: 360 GPD Type of Wastewater System** 25% REDUCTION System (Initial) (See note below, if applicable) Installation Requirements/Conditions Exact length of each trench 70 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size gallons Trenches shall be installed on contour at a 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: 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: Jumes 2

Construction Authorization Expiration Date: 8-29-12

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 52/403 Hornvett & And RD					
ISSUED TO: STEPHEN GREGORY	SUBDIVISION	HEARMEADO	W	LOT # _//	/
Authorized State Agent: James EManhan			8-29-07		

