HTE#07-5 16830

Harrier County Department of Public 11th 23730

Improvement Permit

ISSUED TO: SHC HOIDINGS INC

PROPERTY LOCATION: SNISG 5 SINS HAYES

SUBDIVISION / HUNKERS POINT

LOT # 32 Type of Structure: SFD Proposed Wastewater System Type: 25% RED System Projected Daily Flow: 360 GPD Number of bedrooms: ______ Number of Occupants: _____ max 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 Permit valid for: Five years Permit conditions: ☐ No expiration 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: SHC HOIDINGS INC PROPERTY LOCATION: SC 1565 Siles Hayps
SUBDIVISION Howsens Brown LOT # 32 SUBDIVISION / How Fee Expansion Repair

Basement Fixtures? Yes No Type of Wastewater System** 25% NGS WTOO (Initial) Wastewater Flow: 360 GPD (See note below, if applicable

) 25% NGOVERION Syston (Repair) Installation Requirements/Conditions Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center Soil Cover: 1 inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: Zy'ray 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. ____ 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

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SCI565 Salas Anges

ISSUED TO: SHC HOLDINGS INC SUBDIVISION Howkers Pornt LOT # 32

Authorized State Agent: Date: 3-2-07

JR 1565 SELAS HAYES

