HTE# 07-5-16960

Harnest County Department of Public smalth 23769

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SICISGS SELAS HAYES RD SUBDIVISION / WHERE POINTS LOT # 30 ISSUED TO: SHC HOIDINGS INC Site Improvements required prior to Construction Authorization Issuance: REPAIR EXPANSION Type of Structure: Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: 360 Number of bedrooms: ____3 Number of Occupants: 6 max Basement TYes Pump Required: Tes No May be required based on final location and elevations of facilities Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent:: Date: 3-25-07 SEE ATTACHED SITE SKETCH

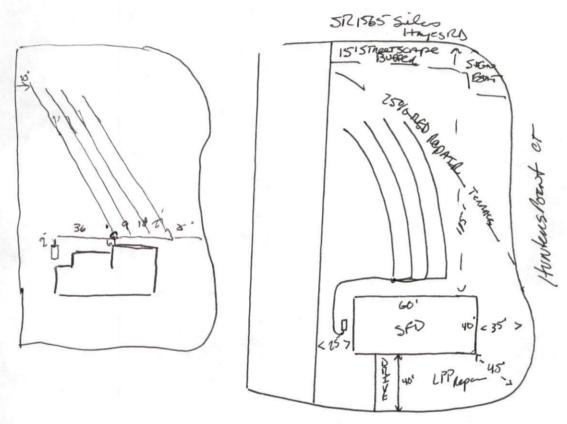
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. 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: SR1565 - SILAS HAYES PAD

SUBDIVISION HULLES POINT LOT # 30 ISSUED TO: SHC HOIDINGS INC New Expansion Repair Facility Type: 3FA Basement Fixtures?
Yes No Basement? Yes Wastewater Flow: 360 GPD Type of Wastewater System** 2540 PRIXTION System (Initial) (See note below, if applicable

) 250% REVIXETA System / LIPPlep (Repair) Installation Requirements/Conditions Exact length of each trench 60 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 soil cover shall not exceed Maximum Trench Depth of: 26 inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: 2 inches below pipe inches above pipe 12 inches total 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 Authorized State Agent: James & Manhant and

Construction Authorization Expiration Date: 3-25-12

Harnett County Department of Public Health Site Sketch



WEATHERBY CT