HTE# 07-500/7074

## Har.... County Department of Public ...alth 23807

Improvement Permit

A b	uilding permit cannot be issued with only an Improvement Permit
Has Ida P Illin	PROPERTY LOCATION: Old 421
NEW REPAIR EXPANSION	SUBDIVISION ROSS MCRAE BRAE LOT # 3
Type of Structure: SFO - 62xco · 31	는 사람들이 보고 있는데 보고 있다면 보다 되었다면 보고 있다면
Proposed Wastewater System, Type: Purp to 257	
Projected Daily Flow: 369 GPD	
Number of bedrooms: 3 Number of Occupa	nts:max
Basement 🗆 Yes 😾 No	
	ed based on final location and elevations of facilities
Type of Water Supply: Community Public	
- 11 - 1	Mintain all Sct Docks
Listall French Drain As	Show
Authorized State Agent:	Date: 03-20-07 SEE ATTACHED SITE SKETCH
	guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
	an, 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 a	nd Rules for Sewage Treatment and Disposal and to conditions of this permit.
	Construction Authoritation
	Construction Authorization
	(Required for Building Permit)
	52, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be
ISSUED TO: 1 Am. to 12.1/(1/1) PROPERTY LOCATION: 0/1 42/	
130ED 10. 7174 1702 13.1110C	SUBDIVISION ROSI McMar BAM LOT # 7
Facility Type: SFN-60xCs 30x	New Expansion Repair
Basement?   Yes   No Basement Fixtures?   Yes   No	
Type of Wastewater System**	(Initial) Wastewater Flow: DC GPD
	The state wastewater flow.
(See note below, if applicable 2)	Repair)
Installation Requirements/Conditions	(nepair)
Septic Tank Size 500 gallons	Exact length of each trench 1/225 feet Trench Spacing: Feet on Center
Pump Tank Size () gallons	Trenches shall be installed on contour at a Soil Cover: inches
8	Maximum Trench Depth of: 18 max 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	
	Aggregate Depth: inches above pipe
Conditions:	
**If applicable: / understand the system typ	be specified is different from the type specified on the application. I accept the specifications of this permit.
7,	7
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature: Date: 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	
	ce with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
( ) 11	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 0373-07
	Construction Authorization Expiration Date: (77.22.217

HTE# 17-500/7074

Permit # 2 3807

## Harnett County Department of Public Health Site Sketch

