HTE# 07-505 17178 Harnett County Department of Public Health 23827

Improvement Permit

| 1 1 | PROPERTY LOCATION: 1225 | t rermit | | | | | |
|---|---|--|--|--|--|--|--|
| ISSUED TO: Premier Investment | SUBDIVISION AVAS (2 | idje LOT # 17 | | | | | |
| NEW | | equired prior to Construction Authorization Issuance: | | | | | |
| Type of Structure: SED - 48x6330 | 3 C | quite prior to constitue and institution. | | | | | |
| Proposed Wastewater System Type: 254. 16cl. Sc Projected Daily Flow: 363 GPD | Jt~ | | | | | | |
| Projected Daily Flow: 363 GPD | | | | | | | |
| Number of bedrooms: Number of Occupant | s: <u>(</u> | , | | | | | |
| Basement □Yes 🔀 No | *************************************** | | | | | | |
| Pump Required: ☐Yes ★ No ☐ May be required | based on final location and elevations of facilities | | | | | | |
| Type of Water Supply: Community Public Well Distance from well I feet Permit valid for: Five years Permit conditions: Stud Ont Plansing Shallow, At ground end which where No expiration Shown, Maintain All Schaets, meet on, te | | | | | | | |
| Permit conditions: 3740 007 Plansing | JAMISU, HT graved Jevel | orhigher where I No expiration | | | | | |
| JAOUN, MAINTAIN ATT SCTI | mer , prue , oxici | | | | | | |
| Authorized State Agent:: The issuance of this permit by the flealth Department in no way gutheir requirements. This site is subject to revocation if the site plan permit is subject to compliance with the provisions of the Laws and | , plat, or the intended use changes. The Improvement Permit : | responsible for checking with appropriate governing bodies in meeting shall not be affected by a change in ownership of the site. This | | | | | |
| | | T dis periore | | | | | |
| | 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. | | | | | | | |
| Facility Type: SFO-48×68-301 Thew Repair | | | | | | | |
| | CURNIVICION ALARI C | idya LOT # 17 | | | | | |
| Facility Type: SE() - 48 × 68 - 301 | Facility Type: SFO - 48 × 68 - 301 New Expansion Repair | | | | | | |
| Basement? Yes No Basement Fixture | s? 🔲 Yes 😥 No | • | | | | | |
| Type of Wastewater System** 25% Red chan | (Initial) Wastewater Flow | J63 GPD | | | | | |
| (See note below, if applicable 10) | / 00 | | | | | | |
| " / J(3 LF | (Repair) | | | | | | |
| Installation Requirements/Conditions | , | | | | | | |
| • | | | | | | | |
| Septic Tank Size 1000 gallons E | xact length of each trench 1 x 775 feet | Trench Spacing: Feet on Center | | | | | |
| Pump Tank Size gallons T | renches shall be installed on contour at a | Soil Cover: G inches | | | | | |
| • | aximum Trench Depth of: 18, inches | | | | | | |
| | rench bottoms shall be level to +/-1/4" | 36" above the trench bottom) | | | | | |
| | all directions) | 22 42272 4110 4121141 22140111) | | | | | |
| | SPM | inches below pipe | | | | | |
| | | Aggregate Depth: inches above pipe | | | | | |
| Conditions: | | inches total | | | | | |
| | | menes total | | | | | |
| **If applicable: I understand the system type | specified is different from the type specified on the | application. I accept the specifications of this permit. | | | | | |
| T understand the system type | pecined is different from the type specined on the | application, I accept the specifications of this periint. | | | | | |
| Owner/Legal Representative Signature: | | Date: | | | | | |
| This Construction Authorization is subject to revocation if the site pla | n, plat, or the intended use changes. The Construction Author | Date: | | | | | |
| of the site. This Construction Authorization is subject to compliance v | rith the provisions of the Laws and Rules for Sewage Treatmer | and Disposal and to the conditions of this permit. | | | | | |
| $()$, Λ | 7 4 | SEE ATTACHED SITE SKETCH | | | | | |
| Authorized State Agent: | Date: | 04-07.07 | | | | | |
| /~ | Date: Construction Authorization Expiration [| Date: 04-07-7012 | | | | | |
| , | • | | | | | | |

HTE# 07-500 17178

Permit # <u>23827</u>

Harnett County Department of Public Health Site Sketch

| 155 | UED TO: Premier Znvestme | PROPERTY LOCATON: | 229 101 14dy | LOT # |
|-----|---|-------------------|-----------------|--------------|
| | thorized State Agent: | T) SODDIVISION | Date: 4-3-07 | |
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| | | / All S | e f BAK) | |
| | | Install | 1x225 125, | 1. Reduction |
| | | system. | 1x225 125 | |
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