MTE# 07-5-17213 4 01-5-17214

## Harrier County Department of Public realth 23878

## **Improvement Permit**

A building permit cannot be issued with only an Improvement Permit

| 10   |   | ON: OLIVIA                              |  |  |
|--|---|---|--|--|
| ISSUED TO: STEVE & BRANDY LYON   |   | STEVEN M.                               |  | LOT # <u>\B</u>  |
| NEW → REPAIR □ EXPANSION □   |   | Site Improvements rec                   | quired prior to Construction Author    | orization Issuance:  |
| Type of Structure: STO (140 × 140)   | ======================================= |   |  |  |
| Proposed Wastewater System Type: Conventional  |   |   |  |  |
| Projected Daily Flow: 360 GPD  |   |   | (e)                                    |  |
|  | _max                                    |   |  |  |
| Basement □Yes ⊁⊅ No<br>Pump Required: □Yes  ጆ No □ May be required based on final lo   | location and elevati                    | ons of facilities                       |  |  |
| Pump Required: □Yes      No   □ May be required based on final lo<br>Type of Water Supply: □ Community     Public   □ Well Distan  |   |   | Permit valid for:                      | Five years   |
| Permit conditions:   | ince iroini weir                        |   | Termit valid for.                      | ☐ No expiration  |
|  |   |   |  |  |
|  |   |   |  |  |
| 20 111111111111111111111111111111111111  |   | 14/11/07                                | err a                                  | TACHED OTT CHETCH  |
| Authorized State Agent:  | Date:                                   | 4/11/07                                 |  | TTACHED SITE SKETCH  |
| The issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of the incident of the  | nce of other permits.                   | The permit holder is re                 | esponsible for checking with appropri  | ate governing bodies in meeting  |
| their requirements. This site is subject to revocation if the site plan, plat, or the inten-<br>permit is subject to compliance with the provisions of the Laws and Rules for Sewage   |   |   |  | ownership of the site. This  |
| permit is subject to compitance with the provisions of the caws and rules for sewage   | Treatment and Dispo                     | sai and to conditions of                | i uns permit.                          | 1000   |
| Constr   | ruction Aut                             | horization                              |  |  |
|  |   |   |  |  |
|  | equired for Buildin                     |   |  |  |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19  | 956, .1957, .1958. a                    | nd .1959 are incorporat                 | ted by references into this permit an  | d shall be met. Systems shall be   |
| installed in accordance with the attached system layout.  ISSUED TO:   | PROPERTY                                | INCATION: OLY                           | VIA RD                                 |  |
| 1330ED 10.   | CHIDDINICIO                             | N STEVEN                                | W. Fari                                | LOT # \B   |
| Facility Type: SEO (40"×40") X New   |   |   |  | LOI #  |
| Basement?  Yes No Basement Fixtures?  Yes  | Expansi                                 | on 🗌 Repair                             |  |  |
|  |   | W                                       | 3(0) (00                               |  |
| Type of Wastewater System** CONVENTIONAL   | _(Initial)                              | Wastewater Flow: _                      | GPD GPD                                |  |
| (See note below, if applicable )   |   | /B · · ·                                |  |  |
|  |   | _(Repair)                               |  |  |
| Installation Requirements/Conditions   | Section 1                               |   |  |  |
|  |   | RENCHES                                 |  |  |
|  | each trench                             |   | Trench Spacing: 9                      |  |
| Control of the second of the s | be installed on co                      |   | Soil Cover:18                          | _ inches   |
|  |   | 30 inches                               | (Maximum soil cover shall              | ll not exceed  |
| (Trench bottoms  | s shall be level to                     | +/-1/4"                                 | 36" above the trench b                 | ottom)   |
| in all directions  |   |   | 501                                    |  |
| Pump Requirements:ft. TDH vs GPM   | *                                       |   | _6                                     | inches below pipe  |
|  |   |   | Aggregate Depth:                       | inches below pipe inches above pipe  |
| Conditions:  |   |   | 00 0                                   | inches total   |
| Conditions.  |   |   |  |  |
| **If applicable: I understand the system type specified is diffi   | fferent from the t                      | type specified on the                   | e application. I accept the spe        | cifications of this permit.  |
| ii uppressure.   | ,                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Tr                                     | The state of the s |
| Owner/Legal Representative Signature:  |   |   | Date:                                  |  |
| Owner/Legal Representative Signature:  | ntended use changes.                    | The Construction Autho                  | rization shall not be transferred when | n there is a change in ownership   |
| of the site. This Construction Authorization is subject to compliance with the provision   | ns of the Laws and R                    | ules for Sewage Treatme                 | ent and Disposal and to the condition  | ns of this permit.   |
| Milled . Il  | Part de                                 | 11-20                                   | SEE /                                  | ATTACHED SITE SKETCH   |
| Authorized State Agent:  | RS                                      | Date:                                   | 4 11 07<br>Date: 411 12                |  |
| Cons   | struction Authori                       | zation Expiration                       | Date: 41112                            |  |

## Harnett County Department of Public Health Site Sketch

