HTE# 07-5-17274R

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: S.R. 1447 Pansis CIUB RD SUBDIVISION MAGNOTER CLAST ISSUED TO: STRONG-BUILT Homes Site Improvements required prior to Construction Authorization Issuance: REPAIR [EXPANSION Type of Structure: Proposed Wastewater System Type: 25% (ADDUCTION) System Projected Daily Flow: 366 GPD 3 Number of Occupants: 6 max Number of bedrooms: Basement Yes No May be required based on final location and elevations of facilities ☐ No Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: ☐ No expiration Permit conditions: 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: STRONG BUELT Homes PROPERTY LOCATION: 5/2/447 Panyls CluBND SUBDIVISION Macrotra Crest LOT # 29 New Expansion Repair Facility Type: Basement Fixtures? Yes No Basement? Yes 25% REDUCTION (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable

) 25% Reduction System (Repair) Installation Requirements/Conditions ZX Exact length of each trench ________ feet Trench Spacing: ________ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: _____Z45 ___ 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: Z inches above pipe 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. Date: 4-27-07 Authorized State Agent: Construction Authorization Expiration Date: 4-27-12

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SR -1447 RAWIS CHUB RD				
ISSUED TO:	STRONG BUELT HOMES SUBDIVISION P	MAGNOITA CACST		LOT # 29	
Authorized State	Agent Jones & Markont Cas	Date:	4-27-07		

