HTE# 07-5-17515

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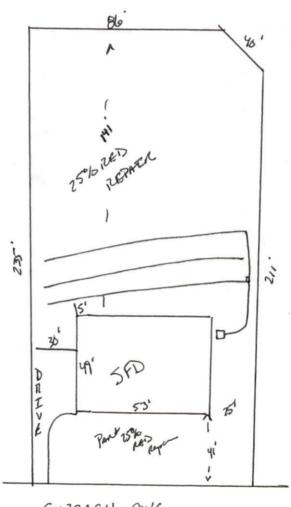
Improvement Permit

Hampton auston A building	permit cannot be issued with only an Improvement Permit	
	PROPERTY LOCATION: SN 1437 MED PAW S Community B1 DG  SUBDIVISION Mywolen Cool  LOT #	18
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:	10_
Type of Structure: SFD		
Proposed Wastewater System Type: 25% est vence		
Projected Daily Flow: 480 GPD		
Number of bedrooms: 4 Number of Occupants:	gmax	
Basement Yes No		
	d on final location and elevations of facilities	
Type of Water Supply:   Community Public We		
Permit conditions:	No expir	ation
	4	
Mark Small	Date: 6-5-07 SEE ATTACHED SITE SKET	cu
0 // .		
	ees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site	
permit is subject to compliance with the provisions of the Laws and Rules		
	Construction Authorization	
	(Required for Building Permit)	
	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Syste	ms shall be
installed in accordance with the attached system layout.	DROPERTY LOCATION, 50 W/20 7. L. A	
1330ED 10: HAMP TONS CUSTON POLICIERS INC	PROPERTY LOCATION: SN/439 Tants Committee BIDG SUBDIVISION MAGNOTER CREST LOT #	(0)
/	SUBDIVISION MAGNOTEA CREST LOT#	18
111	New Expansion A Repair	
Basement?  Yes  No Basement Fixtures?	□ Yes ☑ No Y&O	
Type of Wastewater System** 15% REDUCTION System	☐ Yes ☐ No	
(See note below, if applicable □)		
25% REDUCTION Jus	(Repair)	
Installation Requirements/Conditions		
	3 X 20	
Septic Tank Size 1200 gallons Exact	length of each trench feet Trench Spacing: Feet on Center	er
	hes shall be installed on contour at a Soil Cover: inches	
	num Trench Depth of: 26-218 inches (Maximum soil cover shall not exceed	
	ch bottoms shall be level to $\pm \frac{1}{4}$ 36" above the trench bottom)	
	directions)	
Pump Requirements:ft. TDH vs GPM		halow nine
Tump Requirements	Aggregate Depth: inches I	above pipe
Cardition		nches total
Conditions:		iiciies totai
		*.
**If applicable: I understand the system type spec	ified is different from the type specified on the application. I accept the specifications of this	permit.
Owner/Legal Representative Signature:	Date:	
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change i	n 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.	/ETC!!
Authorized State Agent: Amos & Ma	SEE ATTACHED SITE SI	EICH
Authorized State Agent: Authorized State Agent:	Date: 6-5-07	

Construction Authorization Expiration Date: 6-5-12

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SR1439 RAW/S	Community BIDG
ISSUED TO: Hampton Custon BIDAS	SUBDIVISION MAGAIN FOR CAS	LOT # 18
Authorized State Agent: Same EMAN	Lantenez Date:	6-5-07



CURRAGIT COVE