HTE# 07-500176384 Harnett County Department of Public 1th 24160

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1125 SUBDIVISION Woodshine LOT # 155 NEW B REPAIR | EXPANSION |
Type of Structure: SFD - S4x 40 - 3BC Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pump f- 25% Reduction System Number of Occupants: Number of bedrooms: Basement Yes Pump Required: XYes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply: __, Community & Public _ Well Distance from well ______ feet Permit valid for: & Five years

Permit conditions: Mcct onsite Mandan all set 3 acks ______ No expiration

Front of theme must be 75 from Front property iron, which is It from edge of paverners Date: 06-27-37 Authorized State Agent:: 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: Kenneth Cumming PROPERTY LOCATION: 1125 SUBDIVISION Wood Shine LOT # 1,57 Facility Type: SFD - Sfx to 337 New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Purp to 25% Reduction System* (Initial) Wastewater Flow: 365 GPD (See note below, if applicable (S) Installation Requirements/Conditions Exact length of each trench $\frac{4 \times 50}{}$ feet Trench Spacing: $\frac{9}{4}$ Feet on Center Spacing: $\frac{9}{4}$ inches Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size 1000 gallons Maximum Trench Depth of: 18-24 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 inches total 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. SEE ATTACHED SITE SKETCH Date: 6-27-27 Authorized State Agent: _ Construction Authorization Expiration Date: 6 27-2012

Harnett County Department of Public Health Site Sketch

