

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SR14Z9 CHAMBEAGE RD SUBDIVISION SOUTH PLEDGE FARMS Site Improvements required prior to Construction Authorization Issuance: SAD Type of Structure: Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: ______ GPD GPD Number of Occupants: 6 max Number of bedrooms: Basement Yes ☐ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: ☐ No expiration Permit conditions: The issuance of this permit of 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: Luter Murighy PROPERTY LOCATION: 50/429 CHALLY BEATTE PLD
SUBDIVISION SOUTH TODGE FARMS LOT # 48 New Expansion Repair Basement Fixtures? Yes No Basement? Yes Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable

) Installation Requirements/Conditions Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24-718 (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. Conditions: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. 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. Construction Authorization Expiration Date: 6-19-12 Authorized State Agents

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATOR	:511429	CHAL	YBEATE RD		
ISSUED TO: Lutie MURPHY	SUBDIVISION	SOUTH 1	REDUS	farens	LOT #	48
Authorized State Agent James & Marchard	Lers		_ Date:	6-19-07		

NORTOXK+ Southern Porches 100'17(L) 874"