нте# 07-50-17745 Harnett County Department of Public Health 24179 Improvement Permit

A building permit cannot be issued with only an Improvement Permit Dennis Norras PROPERTY LOCATION: 1210

SUBDIVISION Persimmen Hill LOT # CC Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% (eduction Cost Projected Daily Flow: 360 Number of bedrooms: 3 Number of Occupants: __ C max Basement □Yes ☑ No Pump Required: □Yes 😕 No □ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public
Well Distance from well
Formit conditions:
STUB Out Plumbing Shallow, At Grand level or higher Cherc
No expiration
Shallown.
MAINTAIN All Sct Packs Meet only the Poblen or cherc ARISC Authorized State Agent:

Date: 7-17-37

SEE ATTACHED SITE SKETCH

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 | SSUED TO: | Dean | De (See note below, if applicable X) Installation Requirements/Conditions Exact length of each trench 1×300 feet Trench Spacing: 7 Feet on Center Tranches shall be installed on contour at a Soil Cover: 1 inches Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: 18 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. _____ GPM Conditions: **If applicable: 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. Date: 07-12-37

Construction Authorization Expiration Date: 07-12-37 Authorized State Agent: _____

HTE# 07-50017745

Permit # <u>24179</u> Harnett County Department of Public Health Site Sketch

ISSUED TO:	Jennis Domi	PROPERTY LOCATON:	1210 1215 mm H.11 LOT # 6C
Authorized State			Date: 07-12-37
23 12 13	100° 100° 100° 100° 100° 100° 100° 100°	22' OR176	STUBOLT Plumbing Shallow, at groundlend or higher where shows Maintain All sct Dacks Initall 1x700 of 25% Reduction system At 18" Mact on it of Arise
	(onl 100,		