HTE# 07-500 1772 Harrieu County Department of Public wealth 24178

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 123 ISSUED TO: SUBDIVISION -Site Improvements required prior to Construction Authorization Issuance: 45, P. T. EXPANSION 34x40 2BR SFD-Type of Structure: Proposed Wastewater System Type: 27% Projected Daily Flow: Number of bedrooms: Number of Occupants: Basement Yes Pump Required: Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well ___ Permit valid for: Five years Meet Dasit for Final Land Mintain All set Backs ☐ No expiration Remove my Blue Flax, when cleaning Authorized State Agent:: 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 installed in accordance with the attached system layout. PROPERTY LOCATION: 1775 Facility Type: SPD-34x4 = 2.32 New | Expansion | Repair 49.25 AC Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% Red (Initial) Wastewater Flow: 2 Y- GPD (See note below, if applicable Installation Requirements/Conditions Septic Tank Size / 000 gallons Pump Tank Size / 22 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: _____ | 8 _____ 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. ____ inches below pipe 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: Date: 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 Authorized State Agent: Construction Authorization Expiration Date: 07-12-2017

Permit # 24178 HTE# 07-500 17772 Harnett County Department of Public Health Sik 1 Site Sketch 284 PROPERTY LOCATON: 12 32 ISSUED TO: PA-1 1 LOT # _____ Authorized State Agent: Meet onich for Final LAget Do not benow my Blue Flags 250 Chen Clearing systa Aras 1x210 125%- hd. 2) Mantain All SETDARN Kiep s. h | prainfield 25 for Site 2 Orainfield. 2BR min dellan -To, 1700 1 274, fed. Install | x210 1257. Red 150./ A+ 18" Ble Fly, WI 95. OAF S12#2 07-500 17921 30.