

HTE# 07-5-18002

Harrison County Department of Public Health

24113

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Atkins Place LLC

PROPERTY LOCATION: SR 1429 Chalylbeate Rd

SUBDIVISION: Dexterfield

LOT # 36

NEW [x] REPAIR [] EXPANSION []

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SFD 60'x60'

Proposed Wastewater System Type: pump to Accepted System

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement [] Yes [x] No

Pump Required: [x] Yes [] No [] May be required based on final location and elevations of facilities

Type of Water Supply: [] Community [x] Public [] Well Distance from well _____ feet

Permit valid for: [x] Five years [] No expiration

Permit conditions:

Authorized State Agent: Ryan McSwain, P.E.

Date: 7/23/2007

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.

ISSUED TO: Atkins Place LLC

PROPERTY LOCATION: SR 1429

SUBDIVISION: Dexterfield

LOT # 36

Facility Type: SFD 60'x60' [x] New [] Expansion [] Repair

Basement? [] Yes [x] No Basement Fixtures? [] Yes [] No

Type of Wastewater System** Pump to Accepted System (Initial)

Wastewater Flow: 360 GPD

(See note below, if applicable [])

Pump to Accepted System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Exact length of each trench 2x/20 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size 1000 gallons

Trenches shall be installed on contour at a

Soil Cover: 6-12 inches

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. _____ GPM

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: Drain lines to be installed in eave ment for lot 36

_____ inches total

**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: _____

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: Ryan McSwain, P.E.

Date: 7/23/2007

Construction Authorization Expiration Date: 7/23/2012

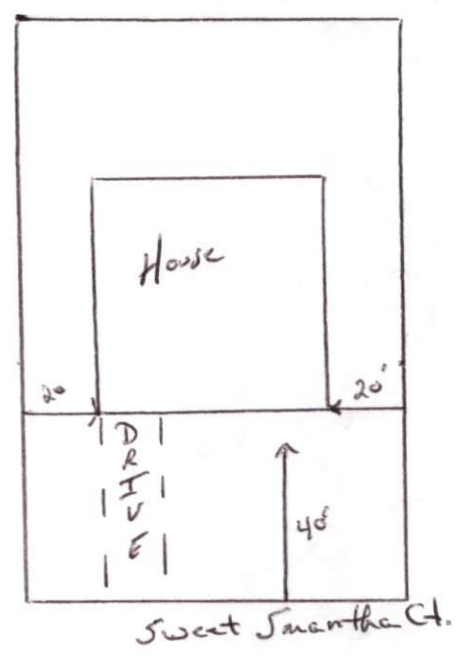
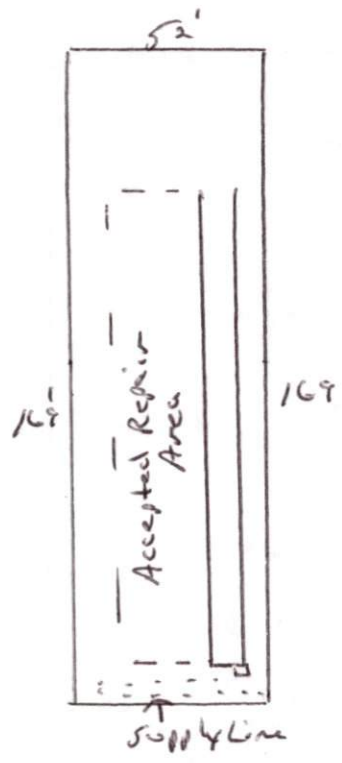
HTE# 07-5-18002

Permit # 24113

Harnett County Department of Public Health Site Sketch

ISSUED TO: Atkins Place LLC PROPERTY LOCATOR: SR1429 Chalybeate Rd
SUBDIVISION: Dexterfield LOT # 36

Authorized State Agent: Bryna McSwain, R.S. Date: 7/23/2007



EASEMENT FOR LOT 36