Authorized State Agent: \

HTE# 07-500 19280 Harriell County Department of Public ...alth 24291

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1108 SUBDIVISION YORKShire plantation EXPANSION Site Improvements required prior to Construction Authorization Issuance: Projected Daily Flow: Number of Occupants: Number of bedrooms: Basement Yes Pump Required: Deves ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well feet Plus & Cher Choun. Teet Permit valid for: Five years 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. PROPERTY LOCATION: 1108
SUBDIVISION YORKININE Plantato LOT #(38 ISSUED TO: SQ O Hames Belder Facility Type: SFN-52x72 - 4BR New Expansion Repair Basement Fixtures? Yes No Basement? Yes No (See note below, if applicable (3) Installation Requirements/Conditions Exact length of each trench 12240 feet Trench Spacing: 7 Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a 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. inches below pipe Aggregate Depth: inches above pipe Conditions: 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

Construction Authorization Expiration Date: (16.31-2012

Harnett County Department of Public Health Site Sketch

	ISSUED TO: S9	O Hones	B-Iden	PROPERT	Y LOCATON: BDIVISION	och shi	ne Plantatu	
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