## 

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hwy 401 N - IACOD DALTON SUBDIVISION SHERMAN PINES REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% REDUCTION Sustan Projected Daily Flow: 360 GPD 3\_\_\_\_ Number of Occupants: \_\_6\_\_\_\_max Number of bedrooms: , Basement Yes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Five years Type of Water Supply: 

Community Public Well Distance from well feet Permit valid for: Permit conditions: ☐ No expiration Date: 10-30 - 07 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: TACOB DAITON PROPERTY LOCATION: Huyyor Facility Type: Expansion Basement Fixtures? Yes Basement? Yes 25% NED VCTON Syste (Initial) Wastewater Flow: 360 Type of Wastewater System\*\* (See note below, if applicable ) Installation Requirements/Conditions Exact length of each trench \_\_\_\_\_\_\_\_ feet Trench Spacing: Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 28->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. Conditions: 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. Authorized State Agent:

Construction Authorization Expiration Date: 10-30 12 8/20

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: How of 401N	
	SION SHERMAN Pines LOT # 7
Authorized State Agent and Manhandsones	Date:
How I want to the state of the	401 56'
DATERLENE AND POSSULTNE  TO BE RUN AS PERMITTED,  NOT Allowed IN System  OR Repair Arros.  If SO Pennet IS VOED  DIII NEED Private Laguet  SHERMAN PENE	Mondato  Nonchet  Non