Authorized State Agent: _

HTE# 07-5-18536 Harnell County Department of Public health 24328

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hand 205 ISSUED TO: STEPHEN WILLOW SUBDIVISION BEN WOODS NEW 🔀 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SEO CS CONVENTIONAL Proposed Wastewater System Type: _ Projected Daily Flow: ___ GPD Number of Occupants: _ 6 max Number of bedrooms: Basement Yes 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 100 feet Permit valid for: Five years ☐ No expiration Permit conditions: 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: 1-1 wy 2285

SUBDIVISION BEN WOODS LOT # ISSUED TO: STERNEN T. MILTON 550 (65'x65') × New ☐ Expansion ☐ Repair Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes Wastewater Flow: 360 GPD CONVENTIONAL (Initial) Type of Wastewater System** (See note below, if applicable

) (Repair) Installation Requirements/Conditions 4 TRENCHES Exact length of each trench ______ feet Septic Tank Size 1000 gallons Trench Spacing: ____ Feet on Center Soil Cover: 12 inches Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 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 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. Construction Authorization Expiration Date: 10|8|07

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Permit # 24328

Harnett County Department of Public Health Site Sketch

Authorized State Agent:		BEN W	05 0003 Date: 10/8/07	_ LOT # _ ^C ~
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