HTE# 07-500 1873 18 Harrien County Department of Public mealth 23561

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: DC 27 ISSUED TO: JOA LUCAS SUBDIVISION / A Y TE (VAILEY EXPANSION [Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO- 37×50 - 3BR Proposed Wastewater System Type: 25% Roduction System Projected Daily Flow: 360 GPD 3 Number of Occupants: __(____max Number of bedrooms: Basement Yes No 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 feet Five years Permit conditions: Meet onsite for Final Layout maintain All set Backs | No expiration STUB of Plumbing Shallow at ground level or higher where shown must Bring in 8 to 12" I Approved cover so. must Bring in 8 to 12" I Approved Cover 50.1 Date: | - | 6 - 07 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. ISSUED TO: JEFF LUCAS PROPERTY LOCATION: $\cap \subset 27$ Facility Type: SFD-37x50-3BR New Expansion Repair Basement? ☐ Yes 🗡 No Basement Fixtures? ☐ Yes 📈 No Wastewater Flow: 365 GPD Type of Wastewater System** 25% Oled - two 5 to (Initial) (See note below, if applicable (1) 480 LF J LPP Installation Requirements/Conditions Exact length of each trench 1×365 feet Trench Spacing: 7 Feet on Center Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size gallons Maximum Trench Depth of: \(\sum \alpha \times \) 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 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: 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: 11-16-2017

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jeff Lucas	PROPERTY LOCATON: NC27 SUBDIVISION LAURE VALLEY LOT # 26
Authorized State Agent:	Date: 11-16-27
12 Some 83 Some Marin Cleaner Line Cleaner Line Cleaner	Meet on site Maintain All Set Darks STUB out Plumbing smallow At ground level or higher Where Shown Toutall (x) 60 of 25% Reduction System At 12" Bring in 8 to 12" of Approved Cover.
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