HTE# 08-500-19287 RHarner County Department of Public nealth 24762 08.500-19287 RR **Improvement Permit** A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 12T SUBDIVISION FOREIT OPKI Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 27% Radiation System Projected Daily Flow: GPD GPD Number of bedrooms: S Number of Occupants: 6 max 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 50 feet Five years -bing shallow At ground level on ☐ No expiration 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. SUBDIVISION FOR TOAKS LOT # //3 Facility Type: SFD- BX & -YBK New | Expansion | Repair Basement? | Yes | No Basement Fixtures? | Yes | SKNo Type of Wastewater System** | SSO/S Reduction Square (Initial) Wastewater Flow: | STO/S Reduction Square (Initial) | Wastewater (Initial) | Wastewat (See note below, if applicable) Installation Requirements/Conditions Septic Tank Size 100 gallons feet Trench Spacing: ______ Feet on Center Exact length of each trench Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 1824 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 **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: 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:

05-06-2017

Authorized State Agent:

HTE# <u>08-500-1928</u>7RR

Permit # 24762

Harnett County Department of Public Health Site Sketch

	o: CAUINCIS LAND ed State Agent: Que CARI	PROPERTY LOCATON: SUBDIVISION#	OREST	0429- 05-26-2	LOT #
	/ 101			STUB	out
		62			ng shallow and level or
	Lessie		12	higher	
				Shown Mainta	
	P		70	Set BAC	k.s
				Install 1 25%	Reduction
		300		Systes	~ .
-	M Begania	40×47	111	Person	1 7. 3 Bed in 40 x 44 on 05-06-08
150	M, Golden	36 000	15	, , , , , , , , , , , , , , , , , , ,	on 05-21-08

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Basket Jak