HTE# <u>08-500-19795</u> R Harnett County Department of Public Health

24855

Improvement Permit A building permit cannot be issued with only an Improvement Permit Type of Structure: SFO-Proposed Wastewater System Type: My t- 25%. Rd- 151. Projected Daily Flow: 360 Number of bedrooms: Number of Occupants: Basement Tes 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 Permit valid for: Five years Permit conditions: Mect on te maintain All set Onch ☐ No expiration Date: 06-06-0X SEE ATTACHED SITE SKETCH 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 PROPERTY LOCATION: \(\text{C} \approx \text{C} \rightarrow \text{C} \rig Facility Type: SFO- 43×38-38a New Expansion Pasement Fixtures? The Yes Tho Yours to 25%. Mat Line South GPD (Initial) Wastewater Flow: ______ GPD Type of Wastewater System** (See note below, if applicable √∠) Installation Requirements/Conditions Number of trenches Exact length of each trench _ 225 Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a (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 inches above pipe Conditions: inches total **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 Authorized State Agent: __ Construction Authorization Expiration Date: O G OG SON

HTE# 08.500-19795R

Permit # <u>24855</u>

Harnett County Department of Public Health Site Sketch

	ISSUED TO: WYOO COOH.	PROPERTY LOCATON:	TNGO BOOT	101 # 71
	Authorized State Agent:)	•	•
212	Authorized State Agent: Authorized State Agent: Sword Loop Red 60 Red 60 Red 70 Red 70 Authorized State Agent: Dr. p Repaire	SUBDIVISION	Date: 06060 Mect Dasite Maintain all Toutall 225 Ad-ctis- 5; 18"	Sct Back 1 25%

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