## HTE# 08-5-19837 Harnett County Department of Public Health 24624

## **Improvement Permit**

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 60 / twy 4 Z ISSUED TO: BOONE HOMES INC SUBDIVISION AUSTEN PARMS EXPANSION 🔲 Site Improvements required prior to Construction Authorization Issuance: \_\_SFD Type of Structure: Proposed Wastewater System Type: 25% 176 DUCTOD Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max 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 valid for: Permit conditions: ☐ No expiration 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: Hwy 4Z
SUBDIVISION AUSTEN FAIRMS ISSUED TO: KOONE HOMES INC. New Expansion Repair Basement? Yes Basement Fixtures? Yes No 25% 751) UCTON (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* (See note below, if applicable 

) 25% NSD UCTION System (Repair) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Maximum Trench Depth of: 22 max 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 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. ANNANT Date: 4-29-08

Construction Authorization Expiration Date: 4-25-1 Authorized State Agent:

HTE# <u>08-5-19837</u>

Permit # 29624

## Harnett County Department of Public Health Site Sketch

	2//	PROPERTY LOCATON:_	Hwy YZ		
ISSUED TO: _	BOONE HOMES	SUBDIVISION	Austen From	25	LOT # <u>6</u>
Authorized Sta	te Agent James EN	lanhonters	Date:	4-25-08	

