HTE# 08 500 - 19957R Harriett County Department of Public lealth

25507

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: //25 ISSUED TO: Kenneth Cummings SUBDIVISION Wood shine LOT # 1 80 REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO- 56x56- 3BR max Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 363 GPD

Number of bedrooms: 3 max 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 100 feet Permit valid for:

Permit conditions: Mcf on site for Final Layort Maintain All set Backs

Stud out Plumbing shallow at ground level or higher where shown Five years ■ No expiration Date: 06 23-29 Authorized State Agent:: SEE ATTACHED SITE SKETCH 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: 1125 SUBDIVISION Woodshine ISSUED TO: Kenneth Cummings Facility Type: SFO. 56x56-3BR MAX New Expansion - Repair Basement? Tyes ANO Basement Fixtures? Yes ANO

Type of Wastewater System** 251- Reduction System (Initial) Wastewater Flow: 363 GPD (See note below, if applicable) 25% Reduction system (Repair) Installation Requirements/Conditions Exact length of each trench 235 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18 (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 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 SEE ATTACHED SITE SKETCH 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. Date: 06.27-39 Authorized State Agent: __ Construction Authorization Expiration Date: 04.23.2014

Harnett County Department of Public Health Site Sketch

