HTE# 08-5- 20099

Harnett County Department of Public Health

24802

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: / Huy 420
SUBDIVISION Austra Farans ISSUED TO: BOONE Homes FNC NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 2596,76007700 Projected Daily Flow: 365 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement Tyes No Pump Required: Tes No May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well ________feet Permit conditions: ☐ No expiration Authorized State Agent: Date: 5-30-08 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 it 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 Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** _25% PK DVCTWN System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Number of trenches 2

Exact length of each trench 100 feet Trench Spacing: 7

Feet on Center inches

Soil Cover: 6

Inches Installation Requirements/Conditions Septic Tank Size _______ gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 30→18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM **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. Construction Authorization Expiration Date: 5-30-13

Harnett County Department of Public Health Site Sketch

ISSUED TO: BOONE Homes TNC SUBDIVISION AND FOR FORM 101 +	
155UED 10: DOONE HOMES TWC SUBDIVISION AUSTEN CARE LOT #	15
Authorized State Agent:	

