HTE# 09-500-2160C

Harnett County Department of Public Health

25249

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1/25
SUBDIVISION Wasdishine Blackwell Homes ISSUED TO: EXPANSION Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: fung To 25% Red to some Number of bedrooms: ______ Number of Occupants: _____ max Basement TYes 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 193 feet

Permit conditions: Meet ans te for Final Layort Maintain all set Backs ₩ Five years ☐ No expiration Date: 02-24-0 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 ISSUED TO: Blackwell Homes PROPERTY LOCATION: 1125
SUBDIVISION Woodshine LOT # 197 Facility Type: SFO - 45x55 - 4BR OK New Expansion Repair Basement? Type of Wastewater System** Pump to 25% leduction System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable) Number of trenches

Exact length of each trench 240 feet Trench Spacing: 9 Feet on Center Soil Cover: 6 inches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 18-2 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 _____ inches below pipe Aggregate Depth: ______ 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: 02.24 - 201

HTE# 09-500 21606

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Harnett County Department of Public Health Site Sketch

