HTE#<u>09-5-21608</u>

Harnett County Department of Public Health

25126

Improvement Permit A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 512 1403 KIPMING PA ISSUED TO: GARY + Knothy Shindledecker SUBDIVISION ______

NEW \ REPAIR \ \ EXPANSION \ \ \ Site Improvements required prior to Construction Authorization Issuance: SFD to BU SEPTIC Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: 240 Number of bedrooms: 2 Number of Occupants: 4 max May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:
Community Public Well Distance from well feet 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. Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** NEW TANK TO EXTS Fing Septic Systa(Initial) Wastewater Flow: 240 GPD (See note below, if applicable) Pompto Manates

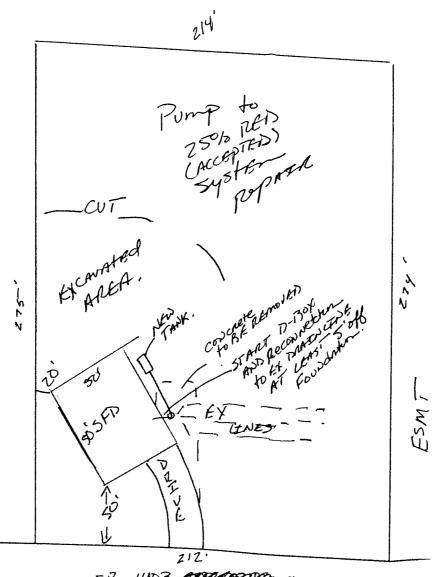
(Repair)

Installation Requirements/Conditions

Number of trenches Excepted Septic Tank Size 1000 gallons Exact length of each trench Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: ______ 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 15: NEW SEPTIC TANK TO EXISTERY **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. Date: 3-6-09
Construction Authorization Expiration Date: 3-6-19 Authorized State Agent:

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 572/	403 KI	FOITHGRD	
ISSUED TO: GARY + Knothy Shindleder Dec SUBDIVISION		/ LOT #	
Authorized State Agent: James & Manhontons	Date:	3-6-09	



SZ 1403 CORRESPONDENCE ZD