HTE# 09-5-21999 Harnett County Department of Public Health 25415

Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO She a lock Hones Dn = SUBDIVISION Revens for LOT # 11

Type of Structure: SFN

PROPERTY LOCATION: SL 1437 Balland 12D

SUBDIVISION Revens for LOT # 11

Site Improvements required prior to Construction Authorises 1. Type of Structure: _____ SFI) Proposed Wastewater System Type: Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 4 max Five years Permit conditions: ☐ No expiration Authorized State Agent: Date: 6-24-09 SEE ATTACHED SITE SKETCH The issuance of this permit by Me 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 (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** CONVENTION A1 (See note below, if applicable □) 25% REDUCTION (ACCEPTED) (Repair) Number of trenches 4

Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center Soil Cover: 6 inches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: 24" max 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) Aggregate Depth: 2 inches above pipe

/ Z inches total 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.

SEE ATTACHED SITE SKETCH one & Markontak Authorized State Agent: Date: 6-24-09 Construction Authorization Expiration Date: 6-24-14

HTE#	09-	-5-	21999	

Permit # 25415

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SL/437 BALLANDE RAS	
ISSUED TO: They och Home Dh FOC SUBDIVISION Reverstore	LOT # _//_
Authorized State Agent James & Marks & Date: 6-24-0	•

