HTE# 09-5- 22921 Hari... County Department of Public alth

25444

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 3N/418 There RD SUBDIVISION CAPTIONS CONSTRUCTION Authorization Issuance: NFW T Type of Structure: Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: . Basement Yes 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 feet Five years Permit valid for: Permit conditions: ■ No expiration 10-26-09 Authorized State Agent: ames 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 Facility Type: SFD New PROPERTY LOCATION: IN 1418 Rever RA

SUBDIVISION Captures Canding LOT # 52 Type of Wastewater System** 25% NED UCTION System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 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. _____ **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 Date: 10 -26-09 Authorized State Agent: Construction Authorization Expiration Date: 18 - 26 - 19

Harnett County Department of Public Health Site Sketch

ISSUED TO: KAthryn Suggs SUBDIVISION CAPTURES LANCES LOT # 52

Authorized State Agent: Date: 10-26-09

