HTE# 09-5-23125

1

Harnett County Department of Public Health

25763

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: HOOVER RO WM. KENT PIERCE INC. ISSUED TO: SUBDIVISION PERSIMMON HILL LOT # 5 NEW 🔀 REPAIR 🗆 EXPANSION Site Improvements required prior to Construction Authorization Issuance: SFD (341×57' Type of Structure: Proposed Wastewater System Type: 25% REDUCTION 360 Projected Daily Flow: GPD 3 Number of bedrooms: 6 Number of Occupants: max Basement □Yes XNo 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 100 feet Permit valid for: Five years Permit conditions: □ No expiration

Authorized State Agent:: 09 Date: 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..

RENS

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.

| ISSUED TO: WM. KENT KIEDCE IN C | PROPERTY LOCATION: HOOM | ier Ro | |
|--|---|---|------|
| | | | |
| Facility Type: SFD(34'×57) | _ 🔀 New 🗆 Expansion 🗆 Repair | | |
| Basement? 🗆 Yes 🔀 No 🛛 Basement Fixtu | res? 🗆 Yes 🛛 🕱 No | | |
| Type of Wastewater System** 25% REDUCTION SYSTEM | | (Initial) Wastewater Flow: GPI | D |
| (See note below, if applicable 🗔) | | | - |
| 25% REDU | <u>CTION SYSTEM (Repair)</u> | | |
| Installation Requirements/Conditions | Number of trenches | | |
| Septic Tank Size 1000 gallons | Exact length of each trench 260 feet | Trench Spacing: 9 Feet on Center | |
| Pump Tank Size gallons | Trenches shall be installed on contour at a | Trench Spacing: Feet on Center Soil Cover:G inches | |
| | Maximum Trench Depth of: <u>18</u> inches | | |
| | | 36" above the trench bottom) | |
| | in all directions) | | |
| Pump Requirements:ft. TDH vs | GPM | inches below p | Dipe |
| | | Aggregate Depth: inches above | |
| Conditions: WATER LINE MUST BE 10 | FROM SEPTIC SYSTEM. THIS PERM | inches t | |
| ON PROPOSAL FEOM APPLICANT | 5 SOIL CONSULTANT | | U.U. |
| | | | |

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: Date: This Construction Authorization is subject to repocation 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 Z Authorized State Agent: KEN3 Date: Construction Authorization Expiration Date: 14



