26091

HTE#<u>10-5-2553</u>0

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 52 1432 WELDURN RD SUBDIVISION ____ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: 25% KEDU CTON Sustan Projected Daily Flow: 360 GPD

Number of bedrooms: Number of Occupants: 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 Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent.

Date: //-/6-/O 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 with the attached system layout. ISSUED TO: Walter Bryant PROPERTY LOCATION: SC 1432 Walksun 1830

Facility Type: SFD New Expansion Repair Basement Fixtures?

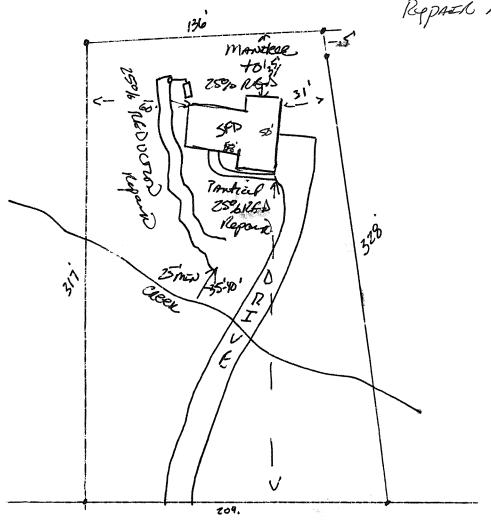
Yes Basement? Yes Type of Wastewater System** 25% NEDUCTON 595How (McCopied) (Initial) Wastewater Flow: 360 GPD (See note below, if applicable

) Number of trenches **Installation Requirements/Conditions** Number/of trenches _______ Feet on Center Exact length of each trench ______ feet _____ Feet on Center Trenches shall be installed on contour at a ______ Soil Cover: _______ inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons 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. ____ GPM Conditions: **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:

Harnett County Department of Public Health Site Sketch

| | | PROPERTY LOCATON: 572 143 | 32 Wer | BURN RD | |
|-------------------------|---------|---------------------------|-----------|----------|------------------|
| ISSUED TO: WELLEAR | BRYANT | SUBDIVISION | | | LOT # <u>C Z</u> |
| | , | 1 40-1005 | _ | | |
| Authorized State Agent: | ex / An | harfo was | _ Date: _ | 11-16-10 | |

* DO NOT RUN WATER + POWER LINES through System + RepAIR AREAS.



SR. 1432 Wellow 12B