HTE# 12-5-28169 Harnell County Department of Public mealth

Improvement Permit

26813

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION 52 403 Colos Day RC ISSUED TO: STANCEL BUTIDERS SUBDIVISION NEW 📝 Site Improvements required prior to Construction Authorization Issuance: SFID Type of Structure: Proposed Wastewater System Type: Dump to 25% REDUCTIONS Number of Occupants: 6 Number of bedrooms: _____3 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 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, .1951, .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. Facility Type: SFD New Expansion Repair New 🗆 Expansion Basement? | Yes | No Basement Fixtures? | Yes | No

Type of Wastewater System** | Purp to 25% | REDUCTO System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable

) Installation Requirements/Conditions Septic Tank Size 1000 Pump Tank Size 1000 gallons Maximum Trench Depth of: 24-3 18 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. ____ WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent:

Harnett County Department of Public Health Site Sketch

