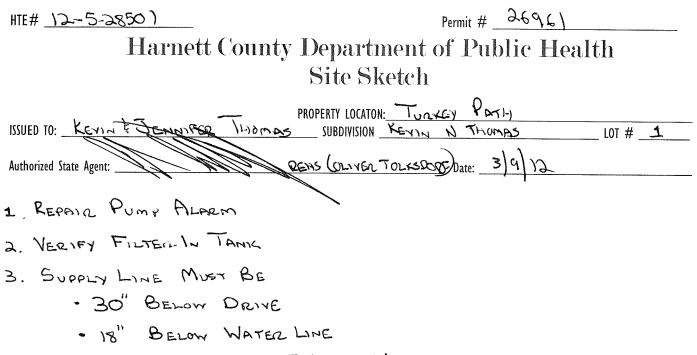
Harnett County Department of Public Health HTE#12-5-2850) 26961 Improvement Permit A building permit cannot be issued with only an Improvement Permit. ISSUED TO: KEVIN & JEMMIFER MOMAS SUBDIVISION KEVIN N THOMAS LOT # NEW 🗆 REPAIR 🗆 EXPANSION 🔲 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (104 ×60) Proposed Wastewater System Type: EXISTING Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: _____ max Basement XYes X 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 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: KEVIN & JENNIGER THOMAS PROPERTY LOCATION: TURKEY PATH SUBDIVISION KEVIN N THOMAS 10T # 1 Facility Type: 500 (104×60) D New D Expansion 🗌 Repair Basement? 🔼 Yes 🔲 No Basement Fixtures? 🗆 Yes 🛛 🗙 No Type of Wastewater System** (Initial) Wastewater Flow: _____ GPD (See note below, if applicable \square) (Repair) Installation Requirements/Conditions Number of trenches _____ Exact length of each trench ______ feet Trench Spacing: _____ Feet on Center Septic Tank Size _____ gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: ______ inches Maximum Trench Depth of: ______ 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 ____ inches below pipe Aggregate Depth: _____ inches above pipe Conditions: AN EXISTING SYSTEM WILL BE USED. SEE AMACHED inches total SHEET FOR CONDITIONS THAT NEED TO BE MET PRIOR TO USE OF SYSTEM 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: Date: 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 well the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH AGAS Authorized State Agent: Date: Construction Authorization Expiration Date:



· REMAIN AT LEAST 50' FROM WELL