HTE#\_13-5-3058912

## Harnett County Department of Public Health

## **Improvement Permit**

27357

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 52/802 CANG 125 PROPERTY LOCATION: SUITE LUANCE ICO
SUBDIVISION WAS A POENTE NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 25% REDUCTION Proposed Wastewater System Type: Projected Daily Flow: \_\_\_\_ Number of bedrooms: \_ Number of Occupants: Basement □Yes 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 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: Metton Enterprises PROPERTY LOCATION: 32/802 LANG RD SUBDIVISION WADE PORTE New Expansion Repair Basement? Yes Basement Fixtures? Yes No Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System\*\* 25% 12500 (1000) System\* (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Maximum Trench Depth of: 22-518 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to  $\pm \frac{1}{4}$ " 36" above the trench bottom) in all directions) Pump Requirements: \_\_\_\_\_\_ft. TDH vs. GPM 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 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 Construction Authorization Expiration Date: 3~12-13 Authorized State Agent:

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SCIECZ (ANC. 12D)

ISSUED TO: MIlton Entraprises Fix SUBDIVISION WAS PORTE LOT # 5

Authorized State Agent: Date: 3-12-13

