HTE# 13-5-32019

Harnett County Department of Public Health

Improvement Permit

27575

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 521447 Romes CIUB RD SUBDIVISION MAGNICIEN CREST LOT # Z NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% 2910 and 360 Projected Daily Flow: Number of Occupants: 6 max Number of bedrooms: Basement □Yes ☐ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public

Well Distance from well ______ feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:

Date: 9-9-13

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, .1954, .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: SEA 2 CLC _____ PROPERTY LOCATION: Sn 1447 Tomuls CIVB RD SUBDIVISION MAGNOTEA Crost LOT # Z

Expansion Repair Basement Fixtures?

Yes ☑ No Basement? Yes _____ (Initial) Wastewater Flow: <u>360</u> GPD Type of Wastewater System** (See note below, if applicable \square). Installation Requirements/Conditions Number of trenches Exact length of each trench 120 Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: 22" 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 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:

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

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ISSUED TO:	SEA	2	uc	SUBDIVISION MAGNOTEA CREST	LOT # 2
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Authorized State	e Agent:	Xa		5 Marchante Date: 9-9-13	ĵ
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