HTE#13-5-326641

Harnett County Department of Public Health

27781

Improvement Permit

A building permit cannot be issued with	h only an Improvement Permit
PROPERTY LOCA	TION: PRAIRIE LN
ISSUED TO: <u>South-Scan Inc</u> NEW SUBDIVISION USED SUBDIVISION T Type of Structure: <u>SFO (SJ>SJ</u>)	ROTTERS BLUFF@ FOX RUN LOT # 40
NEW REPAIR C EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: STD (52×52)	
Proposed Wastewater System Type: 25% KEDUCTION DYSTEM	
Projected Daily Flow:GO GPD	
Projected Daily Flow:GPD Number of bedrooms: Number of Occupants: max	
Basement 🗆 Yes 🔀 No	
Pump Required: 🗆 Yes 🛛 🔀 No 👘 🗆 May be required based on final location and eleva	itions of facilities
Type of Water Supply: 🗆 Community 💢 Public 🛛 Well Distance from well 🔄	60 feet Permit valid for: Kive years
Permit conditions:	No expiration
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Authorized State Agent:: Date:	I 29 12 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.

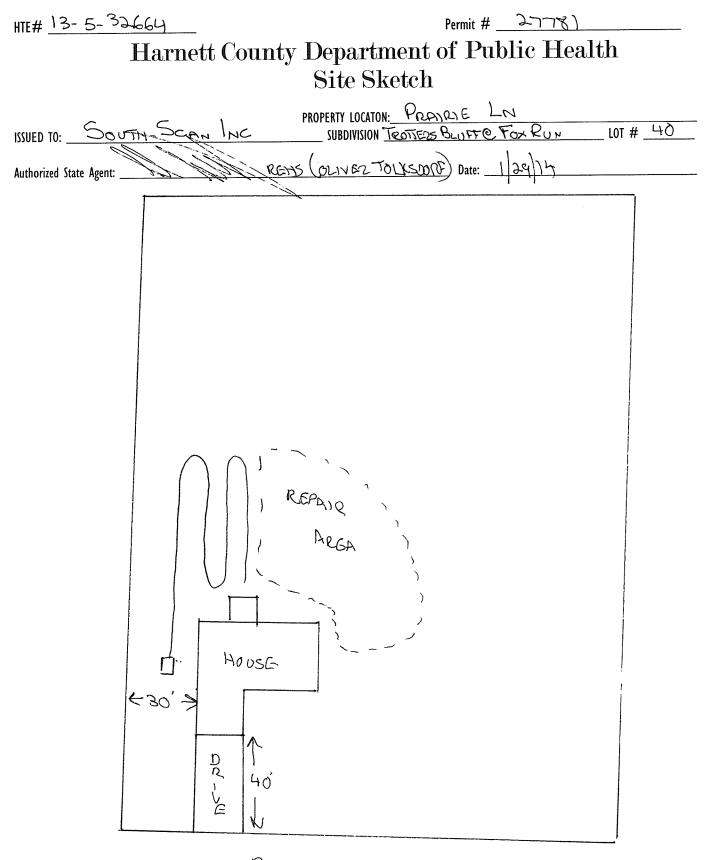
Construction Authorization

(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: SOUTH -	SCAN IN	C PROPERTY LOCATION: POR	IRIE LW
6	~	CURDINICION TO STORE OF	BLUFFE FOX RUN LOT # 40
Facility Type: 5F0 5	<u> </u>	Lesser L	
Basement? 🗆 Yes 🛛 📉 No	Basement Fixti	ires? 🗆 Yes 🚬 🗖 No	
Type of Wastewater System**	25%, KED	UCTION DISTEM	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable 🗆	25% RE	DUGION STEM (Repair)	
Installation Requirements/Conditio	ns	Number of trenches	C
Septic Tank Size)000	_ gallons	Exact length of each trench $\underline{\partial, \mathcal{V}O}$ feet	Trench Spacing: Feet on Center Soil Cover: inches
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6–72</u> inches
		Maximum Trench Depth of: 18-24 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	inches below pipe
			Aggregate Depth: inches above pipe
Conditions:			inches total

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.



PRAIRIE LN