HTE# 14.5-32950

Harnett County Department of Public Health

27970

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 27 Werd ISSUED TO: Mass Home Goilders SUBDIVISION REPAIR □ , EXPANSION 🗆 NEW 🔽 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO GIKCO Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 760 GPD Number of bedrooms: ______ Number of Occupants: _ 6 max 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 Permit valid for: Five years Permit conditions: ☐ No expiration Date: 6/25/2014 Authorized State Agent:: 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: Moss Honeboilder PROPERTY LOCATION: 27 west LOT # 3 Facility Type: SFD New Expansion Repair Basement Fixtures?

Yes Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) 25% Reduction System (Repair) **Installation Requirements/Conditions** Number of trenches Exact length of each trench 300 feet Trench Spacing: 7 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6-/2 inches Septic Tank Size /OCO gallons Pump Tank Size gallons 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: Run drain line on Contain 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 Authorized State Agent: Bun Mc Sain ROHS

Construction Authorization Expiration Date: 6/25/26/9

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Harnett County Department of Public Health Site Sketch

SSUED TO: Moss A	Home boildors Rugar Mosin, REH	PROPERTY LOCATON: 27 SUBDIVISION		LOT # _ <i>7</i>
	93' DR H V J A Y	Howe 1 re	Repair	

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