HTE# 14-5-34746 Harnett County Department of Public Health

28083

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 501429 Chalybeak spaces (S) ISSUED TO: Well'S DESTEN BUILD INC SUBDIVISION DEXTEREISED NEW 🗗 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: 25% 125000 FCo Projected Daily Flow: 360 Number of Occupants: 6 max Number of bedrooms: ______3 Basement TYes Pump Required:

☐Yes ☐ No ☐ May be required based on final location and elevations of facilities Five years Type of Water Supply:
Community Public Well Distance from well feet Permit valid for: Permit conditions: ☐ No expiration Date: 10-27-14 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. Facility Type: ______ PROPERTY LOCATION: SR1429 Chalfronts 17D

SUBDIVISION Dex Trenscon Lot # 47 Type of Wastewater System** Pup to 255 % resource (Initial) Wastewater Flow: 360 GPD

(See note helow if applicable 11) (See note below, if applicable □) Installation Requirements/Conditions Number of trenches _____ feet Trench Spacing: _____ Feet on Center Trenches shall be installed on contour at a Soil Cover: _____ inches Septic Tank Size ____/OO 💍 gallons Pump Tank Size ______ gallons Maximum Trench Depth of: 28-> 18 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: / 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: 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: 10-27-19

Permit #	280 83

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SR 1429 Chalgheate RD

ISSUED TO: Wells Design Build INC SUBDIVISION DexTIENEIGID LOT # 47

Authorized State Agent: Date: 10-27-14

