## Harnett County Department of Public Health

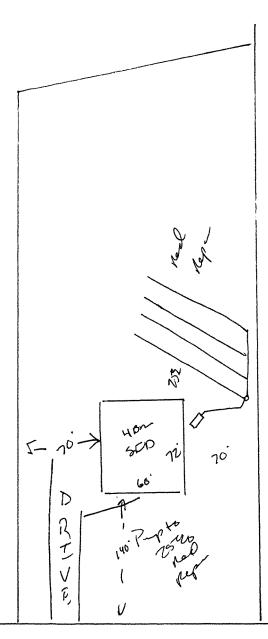
HTE#<u>14-5-35006</u>

28201

**Improvement** Permit

	<u>improvement remit</u>		
А	building permit cannot be issued with only an Improvement		
ISSUED TO: BANK + Knisty Pelle	PROPERTY LOCATION: <u>SALVER PROPERTY LOCATION:</u> SANTE SUBDIVISION Recal CLO		107 # 2
NEW REPAIR EXPANSIO		quired prior to Construction Authoriz	LOT # <u>3</u>
Type of Structure:		quirea prior to construction Authoriz	auon issuance.
Proposed Wastewater System Type: 25% F2DD	verin		
Projected Daily Flow: & D GPD			
Number of bedrooms: Number of Occup	pants: <u>8</u> max		
Basement 🗆 Yes 🗹 No			
Pump Required: 🗆 Yes 🗆 No 🖾 May be requ	ired based on final location and elevations of facilities		
Type of Water Supply:  Community  Public	□ Well Distance from well feet	Permit valid for:	Five years
Permit conditions:			$\Box$ No expiration
Authorized State Agent: James 2 M	AshAnt Date: 12-5-	19 SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	ntees the issuance of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in r	neeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be affected by a change in own	ership of the site. This permit is subject to co	ompliance with the provisions of
the caws and notes for sewage meatment and Disposal and to condition	is of this perint.		
	Construction Authorization		
The construction and installation requirements of Rules 1950 1957 F	(Required for Building Permit) 954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this normit and shall be mot Systems a	hall he installed in accordance
with the attached system layout.	ist, itss, itss, itss, itss, itss, and itss are incorporated by references	into this permit and shall be met. systems s	nan de nistaned in accordance
ISSUED TO: Band + Knist. No.	<i>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>	ALINA DE LA	
ISSUED TO. EFFICIA I ANUSIG EC	TROPERTI EUCATION. <u>SCI 7</u>	10 mart	LOT # 3
Facility Type: STS	SUBDIVISION <u>/CEC:ART</u>	nest	LUI # <u></u>
Basement? Yes No Basement Fix:	tures? Vec Ale		
			URA COD
	noros) Syste	(Initial) Wastewater Flow: _	<u>480</u> GPD
(See note below, if applicable $\Box$ )	2 Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size <u>1200</u> gallons		Turnel Gradient	Fred an Canton
	-	1 0	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a		iches
	Maximum Trench Depth of: $22 - 3/8$ inches	(Maximum soil cover shall no	
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench botto	m)
Dumo Descrivementes (c. TDU	in all directions)	k	2
Pump Requirements:ft. TDH vs	_ GPM	Aggregate Depth:2	inches below pipe
C 1:4		Aggregate Depth:	inches above pipe
Conditions:			'2 inches total
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**If applicable: I understand the system type specified	is different from the type specified on the application.	. I accept the specifications of th	is permit.
	······································		io porma
Owner/Legal Representative Signature: Date:			
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.			
$S \downarrow 1 \downarrow A =$			
Authorized State Agent: Date: Date: Date:			
Authorized State Agent: Date: Date: Date: Z - 9 - 14 Construction Authorization Expiration Date: / Z - 9 - 19			

HTE# 14-5-35006 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON 5/418 Ráver M ISSUED TO: BANT Krústy Dellesants SUBDIVISION Regal Crest LOT # 3 Date: \_\_\_\_\_ 12-5-14 Anhant Authorized State Agent:



Regul Crest Dr.