HTE# 15-3-35737 Harnett County Department of Public Health

28369

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OL 1542 0/1) BULBS OLCER RD PROPERTY LOCAT Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% Noto www Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max Basement Yes No Pump Required:

No May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well 56 feet Permit valid for: Permit conditions: ■ No expiration Authorized State Agent:

Date: 'f-30-15' 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 Basement? U Yes 1/2 No Basement Fixtures? U Yes 1/2 No

Type of Wastewater System** 25% Novernormal System** GPD

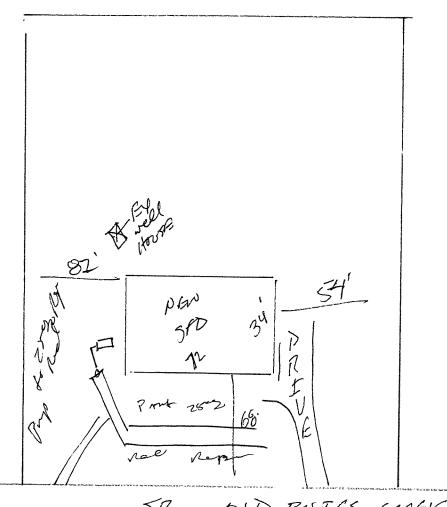
GPD Number of trenches Z

Exact length of each trench 12 p feet Trench Spacing: Feet on Center Soil Cover: inches inches Septic Tank Size /OOO gallons
Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24->18 marks 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 Conditions: 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: ___ 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. Date: 4-30-15

Construction Authorization Expiration Date: 4-30-20 Authorized State Agent:

Harnett County Department of Public Health Site Sketch

PRI PRI	OPERTY LOCATON: 5x1542	OID BURBS Coch RED	
ISSUED TO: FRANK GARdven	SUBDIVISION	LOT #	
Authorized State Agents	trhan Ja Da	te: <u>4-30-15</u>	_



SR OID BUILS (MEKKI)