HTE# 16-5-38274 Harnett County Department of Public Health

28823

Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO: Michael Anderson SUBDIVISION Mell Branch NEW TV EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% of Boucean Projected Daily Flow: 366 GPD Number of bedrooms: ______ Number of Occupants: _____ max Basement Yes 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 Five years Permit valid for: Permit conditions: □ No expiration 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 of 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. Type of Wastewater System**

Type of Wastewater System** | Number of trenches 3 | Feet on Center |
| gallons | Exact length of each trench | 100 | feet | Trench Spacing: | Feet on Center |
| Soil Cover: | 6 | inches | (See note below, if applicable \square) — Installation Requirements/Conditions Septic Tank Size __/OOO__ gallons Pump Tank Size // OO gallons Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) Conditions: IF PlumbIng IS STUBBED OUT HIGH ENOUGH Inches below pipe inches above pipe inches above pipe inches total WATER (INCLUDING INDICATION) in all directions) 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 Construction Authorization Expiration Date: 4-7-16 Authorized State Agent:

HTE# 16-5-38274

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Michael Anderson	SUBDIVISION	DRANG	2	LOT # <u>4Z</u>
Authorized State Agent: E Max.	hant a news	Date:	4-7	-16

* IF Plunbing IS STURBED ONT High ENOUGH pump may NOT BE Reguland.

