

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: DIENN Dexter
PROPERTY LOCATION: 1401 Rollens Mill Rd
SUBDIVISION:
LOT #: 6
Type of Structure: SFD
Proposed Wastewater System Type: Accepted (250 GPD)
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement: No
Pump Required: May be required based on final location and elevations of facilities
Type of Water Supply: Public
Permit valid for: Five years

Authorized State Agent: James E. Marshall Date: 3-7-17 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 with the attached system layout.

ISSUED TO: Dienna Dexter
PROPERTY LOCATION: 1401 Rollens Mill Rd
SUBDIVISION:
LOT #: 6
Facility Type: SFD
Basement?: No
Type of Wastewater System: 250 GPD Reduction System
(Initial) Wastewater Flow: 360 GPD
Installation Requirements/Conditions:
Number of trenches: 3
Septic Tank Size: 1000 gallons
Exact length of each trench: 100 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches
Maximum Trench Depth: 22-18 inches
Aggregate Depth: 12 inches total

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: 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Marshall Date: 3-7-17
Construction Authorization Expiration Date: 3-7-22

HTE# 17-5-40740

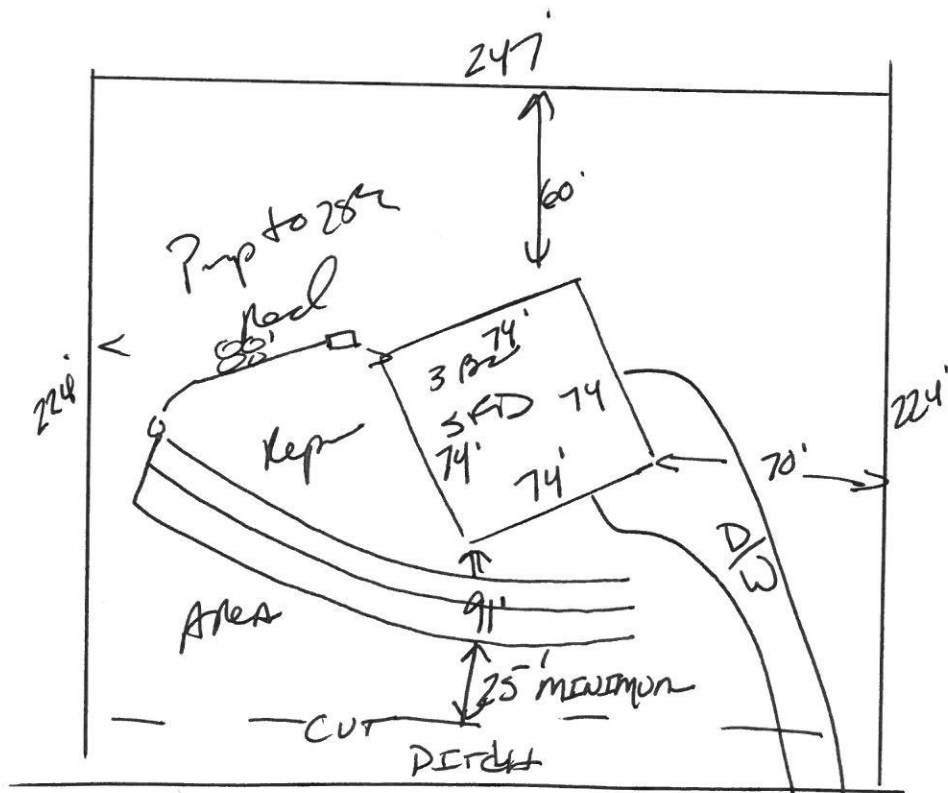
Permit # 29192

<sup>40741</sup>  
Harnett County Department of Public Health  
Site Sketch

ISSUED TO: Glenn Dexter PROPERTY LOCATOR: 501401 Rollins Mill Rd  
Equality One Contracting SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Authorized State Agent: James E. Markham Date: 3-7-17

\* NO WATER OR POWER LINES IN SYSTEM OR REPAIR AREA.

\* NO FOUNDATION DRAINS THROUGH SYSTEM.



50' PRIVATE I+R, RTU CASEMENT