HTE# 17-5-411630 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO: Gary Robinson Homes SUBDIVISION Johnson Form 5/05 LOT # 35 REPAIR □ EXPANSION □ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 4B12 SFO (44'x 40') Proposed Wastewater System Type: 25% red xtion 525 Projected Daily Flow: 486 GPD Number of bedrooms: _____ Mumber of Occupants: ____ 8 ___max Basement Yes I No Pump Required: ☐Yes ☐ No ☐May be required 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: ☐ No expiration Authorized State Agent: Date: 05/23/17 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: Gary Robinson Homes PROPERTY LOCATION: Bruce Tohnson Rd. (NC-E10 N.)
SUBDIVISION Johnson Form 5/0 LOT # 35 Facility Type: 4BR SED (49'X40') - New - Expansion - Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** _ 25% Reduction 525 Fem (Initial) Wastewater Flow: 480 GPD (See note below, if applicable

) 25/0 reduction 5 > 5 tem (Repair) Installation Requirements/Conditions Septic Tank Size 1750 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: ___ G inches Maximum Trench Depth of: 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 inches below pipe Aggregate Depth: Z inches above pipe 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. Authorized State Agent: Date: 05/23/17 Construction Authorization Expiration Date: 05/23/22

Harnett County Department of Public Health Site Sketch

	ISSUED TO: Cxry Rol	ainson Homes	PROPERTY LOCATON: Bcc SUBDIVISION John	nson Farm	2d. (NC-210) 5/0 LOT# 35
	Authorized State Agent:	Tracarie	Tell, NEHS	Date:	05/23/17
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