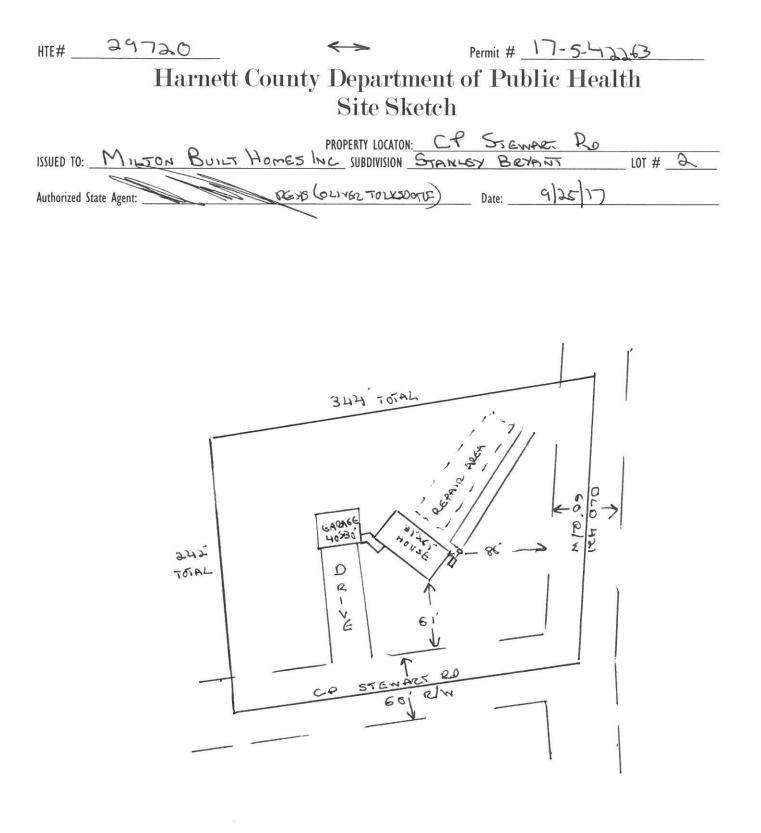
HTE# 17-5-4223 Harnett County Department of Publi	c Health 29720
Improvement Permit	
A building permit cannot be issued with only an Improvement P PROPERTY LOCATION:	ermit Dieverbrex Ro
ISSUED TO: MILLTON BUILT HOMES INC SUBDIVISION STANLEY B.	27AT LOT # 2
NEW REPAIR EXPANSION Site Improvements requi	red prior to Construction Authorization Issuance:
Type of Structure: SFO (31×61) Proposed Wastewater System Type: 25% REOUCTION SYSTEM	
Projected Daily Flow:	
Number of bedrooms: Number of Occupants: max	
Basement Yes 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:	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 checki	ng 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 ownersh	ip 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	
Construction Authorization	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references int with the attached system layout.	o this permit and shall be met. Systems shall be installed in accordance
$M \rightarrow Q \rightarrow M \rightarrow C f$	Sec. 10
ISSUED TO: MILTON BUILT HOMES INC PROPERTY LOCATION: CP	
Facility Type: SFO (31×6) SUBDIVISION STANLEY Facility Type: SFO (31×6) Repair	BarANT LOT # 2
Basement? Yes X No Basement Fixtures? Yes No You System**	(Initial) Wastewater Flow: 366 GPD
(See note below, if applicable \Box)	_ (Initial) Wastewater Flow: <u>366</u> GPD
25% Reg. Sys. (Repair)	
Installation Requirements/Conditions Number of trenches 2	
	Trench Spacing: $\frac{9}{100}$ Feet on Center
	Soil Cover: 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: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR RE	PAIR 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:
Owner/Legal Representative Signature:	transferred when there is a change in ownership of the site. This
Construction Authorization number 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

		///		1		
Authorized State Agent: _	14	REALS	Date: 9	25/17		
		Construction Aut	horization Expiration Date:	9/25	22	



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section				Sheet: Property ID: Lot #: File #:		, '	£.,		
SOIL/SITE EVALUATION Code: for ON-SITE WASTEWATER SYSTEM									
Owner: Applicant: Address: Date Evaluated: Proposed Facility: > B O Z M Design Flow (.1949): Design Flow (.1949): Location of Site: Property Recorded: Water Supply: Public Individual Well Evaluation Method: Auger Boring Pit Cut Type of Wastewater: Sewage									
P R O F I .1940			RPHOLOGY 1941		OTHER OFILE FACTOR	RS	1		
L E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
٦	25	0-16	G 52	YFD NS/VP					
		16-272	SPX SCL	FT2 55/2P	104127)2e40				15.43
	6 U V								
2		0-12	GSL	VFRLW3/NP FR 53/NP					
		12:43	SBIKSKL	FR SS/NP					PS-45
Descrir					Other Factors (1946):				

Description	Initial	Repair System	Other Factors (.1946):
-	System		Site Classification (.1948).
Available Space (.1945)			Evaluated By: O
System Type(s)	25%, 20	\$ 575	Others Present:
Site LTAR	.45	,45	

2-100 € 22"MAX