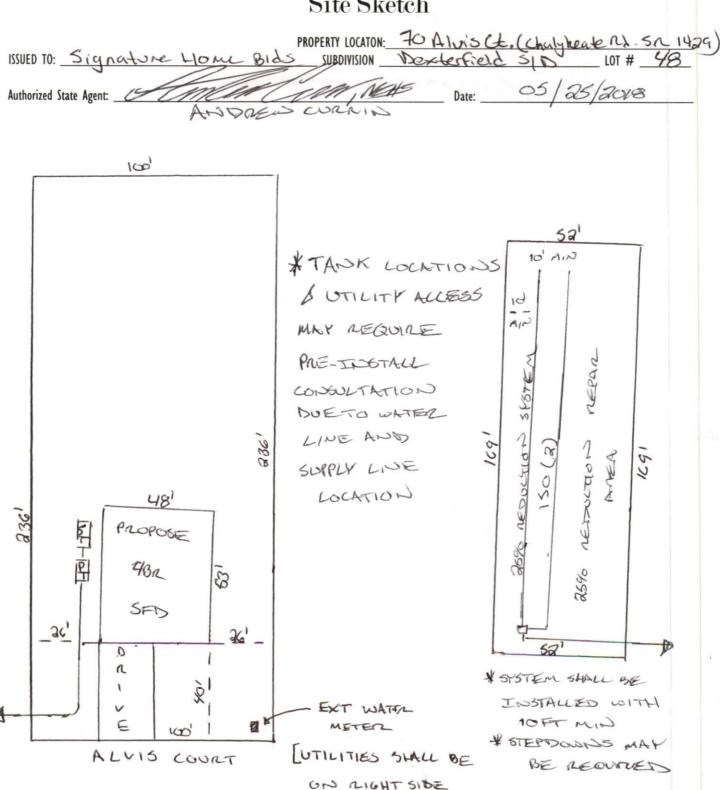
## HTE# 18-5-43948 Harnett County Department of Public Health

**Improvement Permit** 

| A I   | uilding permit cannot be issued with | only an Improvement     | Permit<br>S.C. (Chalyheur                  | b 11 51.1429   |
|---|--------------------------------------|-------------------------|--|--|
| ISSUED TO: Signature Home   | SUBDIVISION                          | DexterF                 | 1 1 2 3                                    | LOT # 48   |
| NEW REPAIR EXPANSION  |                                      |                         | ired prior to Construction Authori         | The second of th |
| Type of Structure: 481 481×531  |                                      | -                       | *  |  |
| Proposed Wastewater System Type: 25% aed  | ukion sp.                            |                         |  |  |
| Projected Daily Flow: 480 GPD  Number of bedrooms: 4 Number of Occupa   | 🔾                                    |                         |  |  |
| Number of bedrooms: Number of Occupa  | nts:max                              |                         |  |  |
|   | ed based on final location and eleva | tions of facilities     |  |  |
|   | ☐ Well Distance from well            |                         | Permit valid for:                          | Five years   |
| Permit conditions:  |                                      |                         |  | ☐ No expiration  |
|   |                                      |                         |  |  |
| Authorized State Agent::  | Date:                                | 95/26/                  | 2018 SEE ATT                               | ACHED 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  | or this perinit                      |                         |  |  |
| 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: Syngthere Home Blds PROPERTY LOCATION: 40 Alvis (L. Chalybrate ab. 50 1429) SUBDIVISION Dexterfield 5/5 LOT # 48   |                                      |                         |  |  |
| Facility Type: 481 481 x531 SED   | New Expans                           |                         | 1616 3/05                                  | [0] # _78_   |
| Basement?  Yes No Basement Fixtures? Yes No   |                                      |                         |  |  |
|   | 25% reducti                          | 00 54                   | (Initial) Wastewater Flow:                 | 480 GPD  |
| (See note below if applicable )   |                                      | J                       | (midal) Wastewater Flow                    | 700  |
| Pump to 2   | Sto red. System                      | (Repair)                |  |  |
| Installation Requirements/Conditions  | Number of trenches 2                 | _( '                    |  |  |
| Septic Tank Size \ \ \ \ \ \ \ \ \ \ gallons  | Exact length of each trench          |                         | Trench Spacing:                            | Feet on Center   |
| Pump Tank Size \\CCC gallons  | Trenches shall be installed on co    |                         | Soil Cover: 20 → 6                         | inches   |
|   | Maximum Trench Depth of: 3           | 32→18 inches            | (Maximum soil cover shall                  | not exceed   |
|   | (Trench bottoms shall be level t     | to +/-1/4"              | 36" above the trench bott                  | tom)   |
|   | in all directions)                   |                         |  |  |
| Pump Requirements:ft. TDH vs  | _ GPM                                |                         | N  | <u> </u>   |
|   | 10<1001                              |                         | Aggregate Depth:                           | inches above pipe  |
| Conditions: OFF-Site Septic For   | seventy otepai                       | ons may 1               | 20   | inches total   |
|   |                                      | 0                       | 19-17-17-17-17-17-17-17-17-17-17-17-17-17- |  |
| WATER LINES (INCLUDING IRRIGATION) MUST B   |                                      | EPTIC SYSTEM OR R       | EPAIR AREA.                                |  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR D   | RAIN FIELD AREA.                     |                         |  |  |
| **If applicable: I understand the system type specified   | is different from the type specifi   | ied 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:   | Jum Mi                               | Date:                   | 08/28/2018                                 |  |
| A. 2004   | Construction Author                  |                         | ato: 15/26/2002                            |  |

## Harnett County Department of Public Health Site Sketch



OF LOT