HTE# 07-5-18246

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Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hury 210 N ISSUED TOY SCOTT CARROLL SUBDIVISION Commercial Park 210 REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: BUSINESS Type of Structure: Proposed Wastewater System Type: 2596 PLENKTION Septen Projected Daily Flow: GPD 12 6- ployees Number of bedrooms: Number of Occupants: Basement Yes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Five years Type of Water Supply: 

Community Public Well Distance from well feet Permit valid for: ■ No expiration Permit conditions: Date: 9-5-07 The issuance of this permit 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 sife 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. PROPERTY LOCATION: Howy 210 N
SUBDIVISION 210 Commerced Prople LOT # / ISSUED TO: Scott CAMPOIL Facility Type: BUSSENESS Expansion Repair Basement? Yes Basement Fixtures? 

Yes No Type of Wastewater System\*\* 25% et DUCTION Syston (Initial) (See note below, if applicable 

) Installation Requirements/Conditions Exact length of each trench \_\_\_\_\_\_\_\_ feet Trench Spacing: \_\_\_\_\_\_\_ Feet on Center Septic Tank Size /OOO gallons Pump Tank Size \_\_\_\_\_ gallons Trenches shall be installed on contour at a 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) in all directions) Pump Requirements: ft. TDH vs. Conditions: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. \*\* If applicable: 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: James Manhon forces Construction Authorization Expiration Date: 9-5-07

## Harnett County Department of Public Health Site Sketch

