26074

HTE# 10-5-24840 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 21 / 576 Shariff To how no LOT # SUBDIVISION WANGE ISSUED TO: NAmest Rever Worken The REPAIR

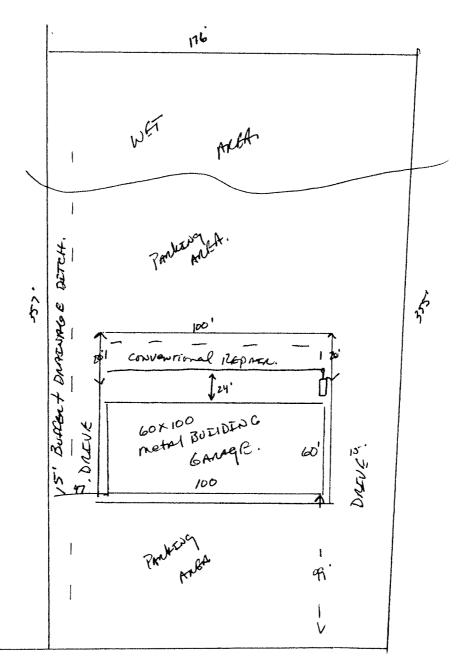
EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Medsy BUTISTAG Proposed Wastewater System Type: Con venture Projected Daily Flow: GPD GPD Number of bedrooms: Number of Occupants: \$4 Gmphopaes May be required based on final location and elevations of facilities Pump Required: □Yes □ No Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: Permit conditions: ☐ No expiration Date: 8-30-10 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 ISSUED TO Tomes + Rever Walken In Subdivision Walker Short Fohnson RD SUBDIVISION Walker LOT # A Facility Type: Metal Bredding New Expansion Repair
Basement? Yes No Basement Pixtures? Yes No (Initial) Wastewater Flow: 100 GPD Type of Wastewater System** Convention (See note below, if applicable Number of trenches ____/

Exact length of each trench 100 feet Trench Spacing: _____ Feet on Center Soil Cover: _____ inches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: Zlo" inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: inches below pipe inches above pipe Pump Requirements: _____ft. TDH vs. _____ GPM Conditions: ** 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 Sewagy Treatment and Disposal and to the conditions of this permit. Authorized State Agent Manhang Date: 8-30-10 Construction Authorization Expiration Date: 8-30-15

Harnett County Department of Public Health Site Sketch

ISSUED TO: JAmas & Revee Walker Tr SUBDIVISION WALKER IN	A
ISSUED TO: JAMES & TREWEE WALKER SUBDIVISION WALKER	LOT # A
Authorized State Agent: Date: 8-30-10	•



SN-1576 Shoriff Johnson RD