HTE# FH 1908-0001

## Harnett County Department of Public Health

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Huy 421 N Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 250 2 Reduebon Projected Daily Flow: 368 GPD 3 Number of Occupants: 6 max Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Type of Water Supply: 
Community Public Well Distance from well 5011 feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: The Market Date: 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: MTHON Restty GROUP PROPERTY LOCATION: Hwy 421

SUBDIVISION Repair

Facility Type: Ex SGD Repair Basement? 
Yes Basement Fixtures? 
Yes \_\_\_\_\_ (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* (See note below, if applicable 

) 25% REBUUTUN Installation Requirements/Conditions Septic Tank Size Ex 7, 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Maximum Trench Depth of: \_\_\_\_\_\_\_ 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 Contrador to meet on SITE Prior to INSTALL 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

## Harnett County Department of Public Health Site Sketch

ISSUED TO: MIHONRESHY GROUP	PROPERTY LOCATON: Hwy 421 N SUBDIVISION	107 #
1330ED 10. 11/2/10~1031179 616003		LUI #
Authorized State Agent:	Marlon fe 1848 Date:	8-7-19
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