Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 2045 CHACOGEATE EARL LAY MCLIEAN ISSUED TO: SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: REPAIR X Type of Structure: EXT 3-BEDTEON STO Proposed Wastewater System Type: 25% NEDWCTO 2 55. Projected Daily Flow: ____ 360 GPD Number of Occupants: C max 3 Number of bedrooms: __ Basement Yes No Pump Required: Yes No May be required based on final location and elevations of facilities Five years Type of Water Supply: Community Public Well Distance from well 504 feet Permit valid for: ■ No expiration Permit conditions: 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 with the attached system layout. PROPERTY LOCATION: 2045 CHALDERTIE SPUNGS D. (5244) ISSUED TO: EARL RAY MCLEAN Facility Type: Ext 3-8-2 5-0 New Expansion Repair Basement Fixtures? Yes Basement? Yes No (Initial) Wastewater Flow: 360 Type of Wastewater System** NOT RPPLICABLE (See note below, if applicable) 25% ressorrow storiem (Repair) Number of trenches 4 Installation Requirements/Conditions Exact length of each trench _______ Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size Maximum Trench Depth of: 20 (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. ___ inches below pipe ~_ inches above pipe Conditions: GRAVITY TO D-BOX EGNER OISTRIBUTION 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 SEE ATTACHED SITE SKETCH 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: Construction Authorization Expiration Date: 08/03/2020 ANDIENS CURRIN

Harnett County Department of Public Health Site Sketch

| | 2045 CHALTBEATTE SERINGS TOAD (5-C1441) | | Lot # |
|----------------------|--|---------|------------|
| Authorized State Age | | Date: | 05/63/2021 |
| | ANDREW CORLIN | | |
| 2 | CHALKDERTE SERINGS 10. (57 1441) | | |
| | DIW P NOTE P NOTE P NOTE P NOTE P NOTE P NOTE N | [bomod] | |
| SHOW CONSITE | ASS ROUGH POR PROPERTY OF THE TANK THE | Mish | |
| END VISIBLE | THE LINE | - | |
| | D-BOX SHALL BE RUMPED, CRUSHED, AND BACKET | | |

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

* INSTALL DEEP (20TO) TO SHALLOW (1670)