

HTE# D. Quinn
Repair

Harnett County Department of Public Health 23653

Improvement Permit

Attempt To Repair

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Donald Quinn PROPERTY LOCATION: 1330 HWY 421 SUBDIVISION _____ LOT # _____

Type of Structure: REPAIR EXPANSION
Existing SFD 3BR
Proposed Wastewater System Type: 25% Reduction System
Projected Daily Flow: 760 GPD
Number of bedrooms: 3 Number of Occupants: 6 max

Site Improvements required prior to Construction Authorization Issuance: _____

Basement Yes No
Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well 50 feet

Permit valid for: Five years
 No expiration

Permit conditions: Meet on site maintain all set back

Authorized State Agent: [Signature] Date: 02-13-07 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 with the attached system layout.

ISSUED TO: Donald Quinn PROPERTY LOCATION: 1330 HWY 421 SUBDIVISION _____ LOT # _____

Facility Type: Existing SFD 3BR New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 760 GPD

(See note below, if applicable) 3x60 1 (Repair)
25% Reduction Syst

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 3x60 feet Trench Spacing: 9 Feet on Center
Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
Maximum Trench Depth of: 18.24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
(Trench bottoms shall be level to +/-1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
Aggregate Depth: _____ inches above pipe
Conditions: _____ inches total

**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: _____ 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.

Authorized State Agent: [Signature] Date: 02-13-07 SEE ATTACHED SITE SKETCH
Construction Authorization Expiration Date: 02-13-2012

HTE# Donald D Quinn Repair

Permit # 03653

Attempt to Repair

Harnett County Department of Public Health Site Sketch

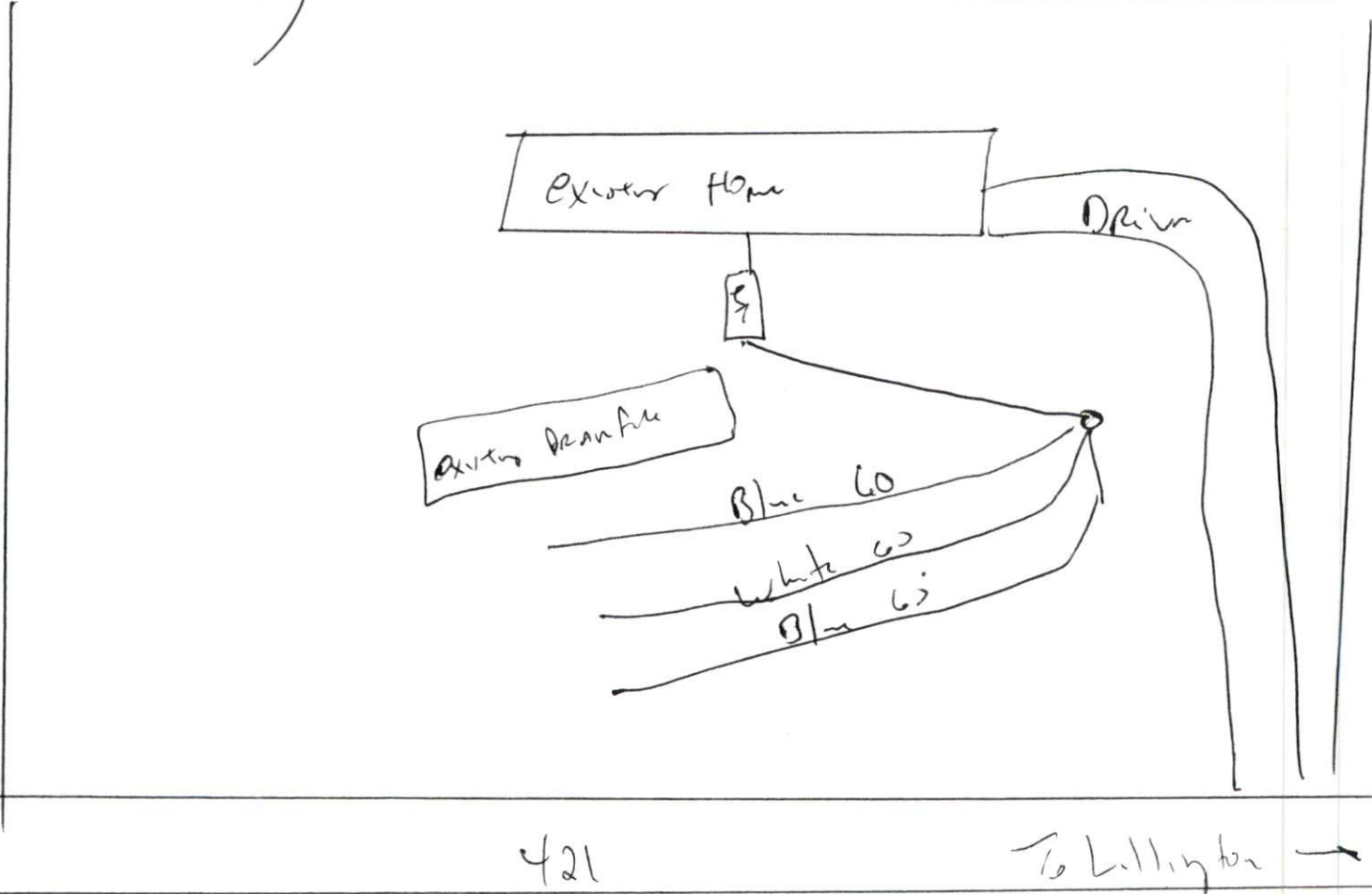
ISSUED TO: Donald D Quinn

PROPERTY LOCATOR: 1330 HWY 421

SUBDIVISION _____ LOT # _____

Authorized State Agent: J. L. [Signature]

Date: 02-17-07



Meet onsite

MAINTAIN ALL SET BACKS

INSTALL 3x60 125% Reduction System AT 18624