HTE# Repair

Hai....t County Department of Public ..ealth

Improvement Permit

27481

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 27 Over/ook Rd. ISSUED TO: Tharonda Mitchell SUBDIVISION Starwood REPAIR TO NEW Site Improvements required prior to Construction Authorization Issuance: SFD Type of Structure: Proposed Wastewater System Type: 25 % Red wct on Systen Projected Daily Flow: 360 Number of bedrooms: _______ Number of Occupants: ______ Basement Yes 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 feet Permit valid for: Five years Permit conditions: ■ No expiration SEE ATTACHED SITE SKETCH Authorized State Agent:: 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: Sharonda Mitchell PROPERTY LOCATION: 27 Overlook Ru. Facility Type: SFD ☐ Expansion ☐ Repair Basement? Yes (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable

) 25% Reduction System Number of trenches 3 Installation Requirements/Conditions Exact length of each trench 30 feet Trench Spacing: 9 Feet on Center Septic Tank Size Existing gallons Soil Cover: 6-8 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18-20 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. ____ inches below pipe Conditions: Use a bollow value between old D-Box & New one, Old D-Box inches above pipe need a newlid. Contractor to call prior to installing system to make sure soil is dry enough 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: 6/20/20/8

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Permit # 2748/

Harnett County Department of Public Health Site Sketch

| | PROPERTY LOCATON: 27 OverlookRd | |
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| ISSUED TO: Sharonda Mitchell | SUBDIVISION Starwood | LOT # 24 |
| Authorized State Agent: Super Musiciples | W Date: 6/20/2013 | |
| Mathematica state Agenta Joseph | Dutc. | |

