HTE# Attempt to Repair Harnett County Department of Public Health 24595 Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 224 Greneta Lone off Old 421 SUBDIVISION EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Grave | Bed Proposed Wastewater System Type: Projected Daily Flow: __ 240 Number of bedrooms: Number of Occupants: Basement Yes Pump Required: ☐Yes No No May be required based on final location and elevations of facilities Type of Water Supply:

Community Permit conditions: ■ No expiration 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: 224 Greneta Lane ISSUED TO: Joan Patterson SUBDIVISION ☐ New ☐ Expansion Basement? Yes ☐ No Wastewater Flow: 240 GPD Type of Wastewater System** (Initial) (See note below, if applicable) Installation Requirements/Conditions Exact length of each trench 60 feet 1 Feet on Center Trenches shall be installed on contour at a Soil Cover: 8 inches Septic Tank Size Existing gallons
Pump Tank Size gallons Maximum Trench Depth of: 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. _____ GPM Conditions: 2 pipes in the bed 18" from side of bed + 3 ft 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. Authorized State Agent:

Construction Authorization Expiration Date: 7/20/2019

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Permit # 24599

Harnett County Department of Public Health Site Sketch

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155UED TO: Joan Patterson	SUBDIVISION	LOT #
Authorized State Agent: Buyan Mc Sin K	2.5.	Date: 3/20/2009

