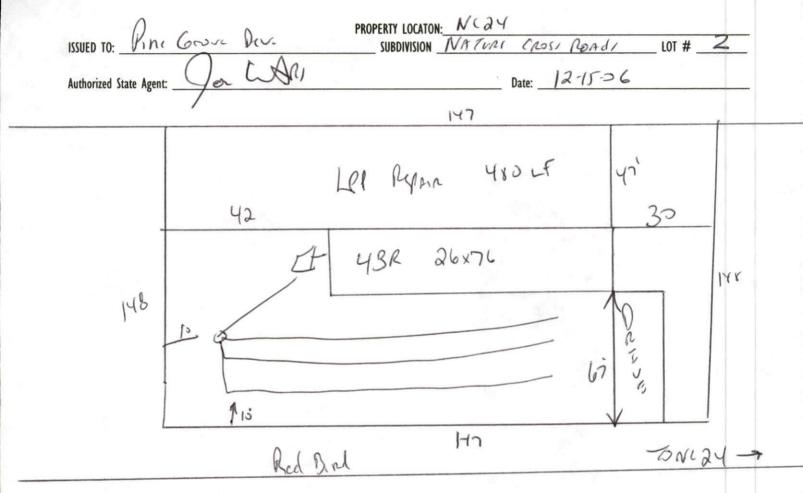
HTE# 06-500 16262R Harnest County Department of Public malth 23433

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: PINC Grave Dav. Corp. PROPERTY LOCATION: NC 24 SUBDIVISION NATURES CROSS ROADS LOT # 2
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MH 26x76 43R
Proposed Wastewater System Type: 25% Reduction Sytem
Projected Daily Flow: 482 GPD
Number of bedrooms: Number of Occupants: 8 max
Basement 🗆 Yes 😕 No
Pump Required: Yes Mo May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well for feet Permit valid for: No expiration
Permit conditions: Meet on the maintain all set Backs No expiration
Authorized State Agent:: Date: 2 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.
permit is subject to compliance with the provisions of the caws and knies for sewage freatment 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: Program Grove Organization PROPERTY LOCATION: Carl Cross Nords LOT # 2
Facility Type: MH 26×76 43R New Expansion Repair
Basement? \(\text{Yes} \) \(\text{No} \) \(\text{Basement Fixtures?} \(\text{Yes} \) \(\text{Yes} \) \(\text{No} \)
Type of Wastewater System** 25% Red-ctun System (Initial) Wastewater Flow: 48 - GPD
(See note below, if applicable 🗷) 480 LF of LPP (Repair)
Installation Requirements/Conditions
Septic Tank Size gallons Exact length of each trench feet Trench Spacing: Feet on Center
5-Pin 12mm 12m 6
Pump Tank Size gallons
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
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.
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this period.
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
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.
() 1 2 0)
Authorized State Agent: Construction Authorization Expiration Date: 2 5 3 5 3 5 5 5 5 5 5

Harnett County Department of Public Health Site Sketch



STUB Out Plumbing shallow
Maintain All Set Backs

Install 3×100 425% Reduction system At 18"