HTE# 07-5-18564R Existing / Repoir

Harrica County Department of Public mealth 24557

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MCDuffic Rd. ISSUED TO: Le Lyn Castellanos Alvarado SUBDIVISION LOT # 30 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MH Proposed Wastewater System Type: Accepted System Projected Daily Flow: 360 Number of Occupants: Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: Tyes No Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration 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: Lehyn Costellonos Alvarado PROPERTY LOCATION: MCDoffie Rd.

SUBDIVISION #.ve LOT # 36 Facility Type: __MH 24'X60' ☐ New ☐ Expansion Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No Wastewater Flow: 360 Type of Wastewater System** Accepted State of (Initial) (See note below, if applicable Installation Requirements/Conditions 1 x 120 Trench Spacing: 9 Feet on Center Septic Tank Size /000 Exact length of each trench 2 x 60 feet Pump Tank Size ____ Trenches shall be installed on contour at a (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: Existing Lefic tank to be crushed + Tilled in Drainlines Lepth: inches above pipe inches total to be run on contour 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. SEE ATTACHED SITE SKETCH Authorized State Agent.

Construction Authorization Expiration Date: 2/12/2017

Harnett County Department of Public Health Site Sketch

| ISSUED TO: Lety m Caste | Menos Alveredo | PROPERTY LOCATON: MCD J. e Rel SUBDIVISION Hive | LOT # 30 |
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| Authorized State Agent: Dun | Mysin R.S | Date: 2/12/2008 | |
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