HTE# 09-5-2300C

Harnett County Department of Public Health

25698

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: BROKENY TIFFRAY MOCIL SUBDIVISION NEW X REPAIR EXPANSION _____ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MAN. HOME (14 ~70) Proposed Wastewater System Type: Conventional Projected Daily Flow: GPD 3 Number of Occupants: G Number of bedrooms: Basement □Yes X No Pump Required: □Yes X No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ☐ No expiration 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: TIFFAMY MOCK PROPERTY LOCATION: DOOPDINGY **SUBDIVISION** LOT # Facility Type: MAN HOME (14 x70) ☐ Expansion Basement? Yes No Basement Fixtures? Tyes X No COMENTIONAL Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) CONVENTIONAL **Installation Requirements/Conditions** Number of trenches Septic Tank Size 1000 gallons Trench Spacing: 4 Feet on Center Soil Cover: 6 inches Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18 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 inches below pipe Conditions: WATER LINE MUST BE WFROM SEPTIC STOTEM. No VILLTIES _ inches above pipe inches total May Encroper On Without CR REPAIR ADEAS **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 Construction Authorization is subject to compliance with the provisings 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: 10/14/14

HTE#	09	-5-33006
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Permit # <u>25698</u>

Harnett County Department of Public Health Site Sketch

ISSUED TO:	Mi Mock	SUBDIVISION	N: BROPOWAY RO Date: 10/11	LOT #
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SWANN STATION RD