HTE#<u>13-5-31601</u>

Harnett County Department of Public Health

Improvement Permit

A building

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	27	5	4	5

A building permit cannot be issued with	unity an improvement remain	
PROPERTY LOCAT	101: FLYNN-MCPHORSON RO	
ISSUED TO: HAROZO HOREON SUBDIVISION		LOT #
NEWX REPAIR DEXPANSION DIA Structure: MANHOME (27-260)	Site Improvements required prior to Construction Author	ization Issuance:
Type of Structure: MANHOME 127 760/		
Proposed Wastewater System Type: 25% REDUCTION		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 📉 No		·····
Pump Required: 🗆 Yes 🛛 🔀 No 🛛 📮 May be required based on final location and elevat		
Type of Water Supply: 🗆 Community 🕂 Public 😽 Well Distance from well 📘	<u>oo</u> feet Permit valid for:	Five years
Permit conditions:		No expiration
letter and		·
lill M	1.1	
Authorized State Agent:: Date:	8 S 13 SEE ATT	ACHED 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

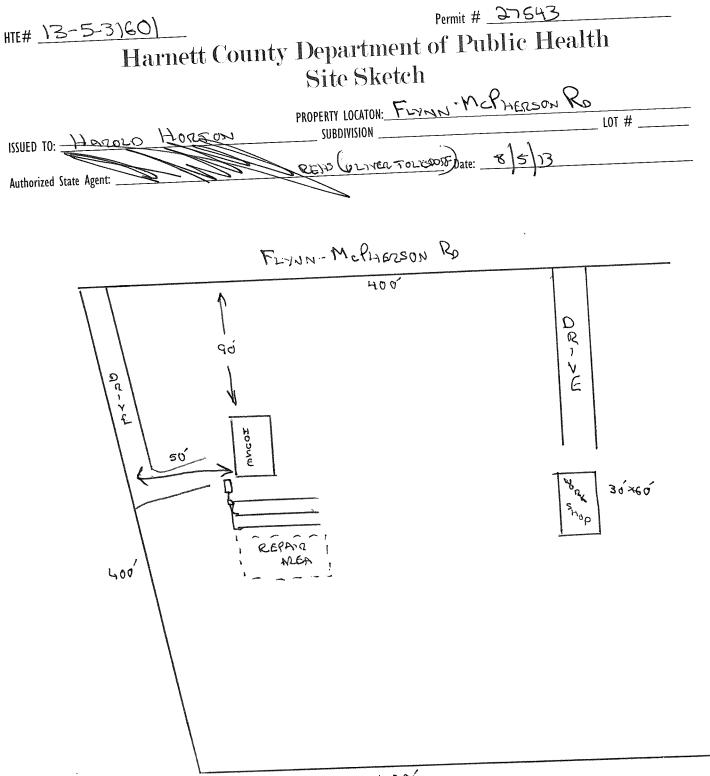
(Required for Building Permit)

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: HAROLD HORETON	PROPERTY LOCATION:	NN- MCHERSON RD
1 - 4	SUBDIVISION	LOT #
Facility Type: MAN HOME (27)*	60 🕰 New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🔀 No 🛛 Basement Fi	ixtures? 🗆 Yes 🛛 📉 No	
Basement? Ves X No Basement Fi Type of Wastewater System**	EDUCTION SYSTEM	(Initial) Wastewater Flow: <u>ろらつ</u> GPD
(See note below, if applicable □)		
(See note below, if applicable \Box) $\Im \Im $	<u>CONCION</u> (Repair)	
Installation Requirements/Conditions	Number of trenches	9
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\underline{65}$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>G-9</u> inches
	Maximum Trench Depth of: <u>18-みつ</u> 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
		Aggregate Depth: inches above pipe
Conditions:		inches total

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:	Date:			
This Construction Authorization is subject to revocation if the size plan, plat, or the intended use changes. The Construction				
Construction Authorization is tablet to compliance with the provisions of the Law and Rules for Sewage Treatment and Di	sposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent: Construction Authoriza	Date: 8/5/13 tion Expiration Date: 75/18			



400'