BNESZ602-0039

Improvement Permit

17-5-407852

17-5-407987 Harnett County Department of Public Health

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: David Quinn Ln. (OH Stexe Rd. 5 ricky Williford SUBDIVISION RICKS ITURSE. Prop. REPAIR | EXPANSION | 1 (1) Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 337 14' × 70' SLOMH (25 + 287 14' × 70')
Proposed Wastewater System Type: 257. Reduction System Type: Projected Daily Flow: 360 GPD & 2406PD Number of bedrooms: 3 Number of Occupants: 6 max + 261 Basement Yes Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well ______feet Permit valid for: Five years Permit conditions: ☐ No expiration 03/09/2020 (BNES 2002-0039) (Lana, Mets Date: 13/11/2017 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. Facility Type: 332 14'x70' SWALL New PROPERTY LOCATION: Daviel Quinn Ln. (Old Stage Rd. S.)

Expansion Repair Basement? Yes No 35% Reduction 5754cm (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable

) + 240600 Pump to 25% red. 5,5 (Repair) TWO FOFT FOR Number of trenches 3 SASIL SWIAH [STESPOOR) Installation Requirements/Conditions Septic Tank Size __/ OCCO___ gallons Exact length of each trench Spacing: Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: __ Maximum Trench Depth of: ______ 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 (1) Do Box region context equal dist.

(3) SET settled required of any proposed decks ____ inches above pipe 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: 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: Commonwealth Commonwealth 03/09/2026 Date: 12/11/2017 ANDREW CURRY Construction Authorization Expiration Date: 12/11/2020 63/09/2025

17-5-404852 Bresz002-0039

HTE# 17-5-46798R

Permit # _ 29777

Harnett County Department of Public Health Site Sketch

ISSUED TO: Ricky Lo. 11 Ford	PROPERTY LOCATON: SUBDIVISION _	Daniel Quinn a Ricks Invet.	a and st	769 yead 5.)
Authorized State Agent: ANDRES CURA ANDRES CURA	3	NEAS Date:	13/11/2013 13/11/2013 138) SKS	1 + 03/69/2000
A SFE setback required OF any proposed decks * Proposty Irons and lines Shall be flagged and marked For Final inspection	241 CAS LIZE 30' RO	ON CONTRUCT FOR	34	HEI CSHURED)
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