HTE# _09-5-2329712_   # Harnett County Department of Public Health   25706

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _SC/410 OC Hester RD_

ISSUED TO: _Suzanne D Howard, Trustee_   SUBDIVISION _JD DEV_   LOT # _3_

NEW ☑   REPAIR ☐   EXPANSION ☐   Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: _M/H_

Proposed Wastewater System Type: _25% REDUCTION_

Projected Daily Flow: _360_ GPD

Number of bedrooms: _3_   Number of Occupants: _6_ max

Basement ☐Yes ☑ No

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

Authorized State Agent _James E Markham_ KBHS   Date: _12-2-09_   **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: _Suzanne D Howard Trustee_   PROPERTY LOCATION: _SC/410 OC Hester RD_

SUBDIVISION _JD DEV_   LOT # _3_

Facility Type: _M/H_   ☑ New   ☑ Expansion   ☐ Repair

Basement? ☐ Yes ☑ No   Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System** _25% REDUCTION System_   (Initial) Wastewater Flow: _360_ GPD

(See note below, if applicable ☐)

25% REDUCTION (Repair)

Installation Requirements/Conditions	
Septic Tank Size _1000_ gallons	Number of trenches _3_
Pump Tank Size _____ gallons	Exact length of each trench _100_ feet Trench Spacing: _7_ Feet on Center

Trenches shall be installed on contour at a   Soil Cover: _6_ inches

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

Aggregate Depth: _6_ inches below pipe

_2_ inches above pipe

Conditions: _____   _12_ 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.*

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 _James E Markham_ KBHS   Date: _12-2-09_

Construction Authorization Expiration Date: _12-2-14_

Harnett County Department of Public Health
Site Sketch

PROPERTY LOCATON: SR 1410 OC Hester RD

ISSUED TO: Suzanne D Howard Trustee   SUBDIVISION JD DIV   LOT # 3

Authorized State Agent: James E Mahon @ CHAS   Date: 12-2-09

85'

POND

144

387'

50' off POND

50'

50'

252'

100' off Ex Well

Ex Well

Partial 25% RED, repair

Ex BED System

Old 44

Pro m/H 44

26

Ex Dwelling

41'

53'

25% RED 36' repair

DRIVE

SR 1410 OC Hester RD