HTE# 10-5-24173 Harnett County Department of Public Health 25742 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SC 1725 A. ISSUED TO. Packel (AUREN SKARDE SUBDIVISION Dil Wellions LOT # EXPANSION Site Improvements required prior to Construction Authorization Issuance: DWMH Type of Structure: Proposed Wastewater System Type: 25% 125 Ductor Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max No No Basement Yes May be required based on final location and elevations of facilities 🗆 No Pump Required: Yes Public 🗌 Well Distance from well ______ feet Type of Water Supply: Community \mathbf{V} Permit valid for: Five years Permit conditions: □ No expiration 4-ZZ-Authorized State Agent: 10 Date: 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.

NEW N

Construction Authorization

(Required for Building Permit)

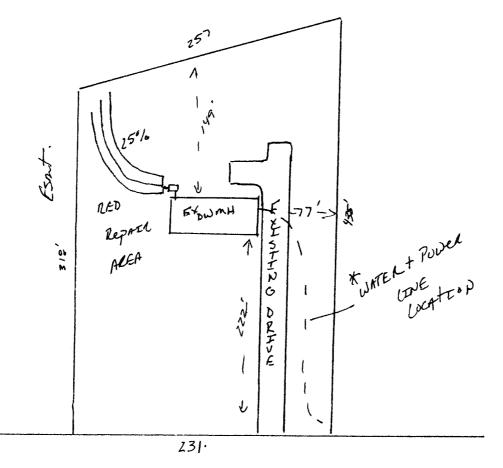
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: RACKE/ CAUREN Sha	rpe PROPERTY LOCATION: SUBDIVISION	125 Ashe Ave
	SUBDIVISION Die L	Jelleong LOT # 1
Facility Type:DWMH	_ \square New \square Expansion \square Repair	5
Basement? 🗌 Yes 🗹 No 🛛 Basement Fixtu		
Type of Wastewater System** 2532126012	We Syster a (Accepted)	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable 🗔)		
25% REDUCT	NS4300 (Repair)	
Installation Requirements/Conditions	Number of trenches3	
Septic Tank Size 1000 gallons	Exact length of each trench 80 feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inches
-	Maximum Trench Depth of: <u>26"</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

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 som Authorized State Agent: - 22-10 Date: **Construction Authorization Expiration Date:** 4-22-15

$\overline{\mathcal{A}}$	PROPERTY LOCATON: 5/7	125 A	she Ave	
ISSUED TO: Rachel Corner Shonpe	SUBDIVISION Sec	WELL	FARS	LOT #/
	-			
Authorized State Agent: James E Manda	met	_ Date:	4-12-	10

* HOME WAS MOULD to property prioro + DREVE Established



SR 1725 Ashe Ave