| HTE# |  |  |  |
|------|--|--|--|
|      |  |  |  |

## Harnett County Department of Public Health

Improvement Permit

| A   | building permit cannot be issued with only an Improv                 |  | 100                                       |
|---|--|--|---|
| ISSUED TO: NOSh STURTZ F  | PROPERTY LOCATION SOLVE  |  | LOT # 25                                  |
| NEW REPAIR EXPANSION  | 1 -  | ts required prior to Construction Author   | rization Issuance:                        |
| Proposed Wastewater System Type: 2500 Res   | 0  |  |   |
| Projected Daily Flow: GPD   | 2  |  |   |
| Number of bedrooms: 3 Number of Occup   | ants: _ & _ max  | YWI-LE E   |   |
| Basement Yes No   |  |  |   |
|   | red based on final location and elevations of facilities             |  |   |
|   | ☐ Well Distance from well fee  | Permit valid for:  | Five years                                |
| Permit conditions:  |  |  | ☐ No expiration                           |
| 0 9   | M. Nor RISHS   |  |   |
| Authorized State Agent:   | Bahost Date: 15-2  | 5 18 SEE ATT   | TACHED SITE SKETCH                        |
| The issuance of this permit by the health Department in no way guaran   | tees 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 if the site plan, plat, or the intended use of<br>the Laws and Rules for Sewage Treatment and Disposal and to conditions |  | n ownership of the site. This permit is subject to   | compliance with the provisions of         |
| the cars and holes for serage realment and bisposal and to conditions   | or this period.  |  |   |
|   | Construction Authorization   |  |   |
|   | Construction Authorization   |  |   |
| The construction and installation requirements of Rules .1950, .1952, .19   | (Required for Building Permit)                                       | and the state of t | 1.01 *                                    |
| with the attached system layout.  |  | rences into this permit and shall be met. systems  | shall be installed in accordance          |
| ISSUED TO: JOSK STURTZ H  | PROPERTY LOCATION: 5   | 4705 01D Fage<br>2 Lourel<br>pair  | el RB                                     |
| Encilling Types   | SUBDIVISION Sec  | I France   | LOI # 25                                  |
| Facility Type:  Basement?  Yes No Basement Fixty  |  | pair   |   |
| Type of Wastewater System**   |  | /I='a'-I\ \\ \\ \  | 3/22 000                                  |
| (See note below, if applicable $\square$ )  | areon  | (Initial) Wastewater Flow:   | See GPD                                   |
|   | O 285 Roef (Repair)  |  |   |
| Installation Requirements/Conditions  | Number of trenches   |  |   |
| Septic Tank Size gallons  |  | et Trench Spacing:   | Feet on Center                            |
| Pump Tank Size gallons  | Trenches shall be installed on contour at a                          | Soil Cover:  | inches                                    |
| Tank Size ganons  |  | hes (Maximum soil cover shall  |   |
|   | (Trench bottoms shall be level to +/-1/4"                            | 36" above the trench both  |   |
|   | in all directions)   | 30 above the trench both   | ioiii)                                    |
| Pump Requirements:ft. TDH vs  | GPM  | 6  | inches below pipe                         |
|   | _ 5  | Aggregate Depth: 2   | inches above pipe                         |
| Conditions:   |  | 768168416 569111.  | inches total                              |
|   |  |  | menes total                               |
| WATER LINES (INCLUDING IRRIGATION) MUST B   | F 10FT FROM ANY PART OF CERTIC CYCTEM                                | OD DEDAID ADEA   |   |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI  |  | UN KETAIN AKEA.  |   |
|   |  |  |   |
| **If applicable: / understand the system type specified   | is different from the type specified on the applica                  | ation. I accept the specifications of l  | this permit.                              |
| Owner/Legal Representative Signature:   |  | Date:  |   |
| This Construction Authorization is subject to revocation if the site plan, pl   |  |  | 기계 보통하게 바다나 하고 하는 이번에 가지 않는데 그런데 하는데 되었다. |
| Construction Authorization is subject to compliance with the provisions of  | the Laws and nules for sewage freatment and Disposal and to the      | conditions of this permit.   | ATTACHED SITE SKETCH                      |
| Authorized State Agent:   | Markon BOOTBUR   | s<br>ite: <u>10-25-18</u>  |   |
|   | Construction Authorization Expirati                                  | on Date: 10-25-2   | 3   |

| #_29 | 981  | 10     |
|------|------|--------|
|      | #_29 | 701001 |

## Harnett County Department of Public Health Site Sketch

|                            | PROPERTY LOCAT | TONS/1705 01D   | Gume    | 1 128    |
|----------------------------|----------------|-----------------|---------|----------|
| ISSUED TO: JOSL STURTZ Hon | e SUBDIVISIO   | Now Jame        |         | LOT # 25 |
| Authorized State Agent:    | Markons        | Lestelles Date: | 10-29-1 | 18       |
|                            |                |                 |         |          |

