30509

## HTE#577905-0011

## Harnett County Department of Public Health

## **Improvement Permit**

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Homes By Michael Ford CCC	PROPERTY LOCATION: ENJOY 6 515 STROPE RO
NEW REPAIR \(\overline{\text{REPAIR}}\) EXPANSION \(\overline{\text{CALL}}\)	SUBDIVISION LOCATION LOT # 23  Site Improvements required prior to Construction Authorization Issuance:
Type of Structure:	site improvements required prior to construction Authorization Issuance:
Proposed Wastewater System Type: 25% TREW 576	
Projected Daily Flow: 3 60 GPD	
Number of Occupants:	max
Basement □2/Tes □ No Pump Required: □2/Yes □ No □ May be required based on final	location and almosting of facilities
' '	ance from well feet Permit valid for: Five years
Permit conditions:	— No expiration
Authorized State Agent: One & Manhort	Date: 3-31-15 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	ner 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	or Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Const	ruction Authorization
(Ri	equired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Homes By Michael Ford U.	PROPERTY LOCATION: 2006 ON STREET RO
	SUBDIVISION Was Rose LOT # 257
Facility Type: New	
Basement? Ves No Basement Fixtures? Yes	□ No -
Type of Wastewater System** 25% Telucoron	Systa (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable $\square$ )	(Barais)
Installation Requirements/Conditions Number of tren	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	each trench /00 feet Trench Spacing: 9 Feet on Center
	re installed on contour at a Soil Cover: 6 inches
	h 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
Carrie Sierre Dans A D	Aggregate Depth: Z inches above pipe
Conditions: 15'off Basener - Pup auss	Not be reeded inches total
WATER LINES (INCLUDING IRRIGATION) MILET DE 10ET EDOM /	NV DADT OF CERTIC CVCTEM OR REPAIR AREA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	
**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:
	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	
Authorized State Agent:	Date: 5-31-15
	truction Authorization Expiration Date: 5-3/-2/

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON SOLOGE OND FOREBRO	
ISSUED TO: Hones By Michael Friedle SUBDIVISION Wysorriage LOT # Z	3
1 A A DAME	
Authorized State Agent: Date: 5-31-19	

XNO BASEMENT Pup may BE AVOIDED IF STUTBBED OUT EN COUNTY PLACE

