

SAD HTE# 1905 - 0015

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 52 1006 OVD STREED 20 Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: Number of bedrooms: Number of Occupants: Basement Yes / No May be required based on final location and elevations of facilities Pump Required: Ves \quad No Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration 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 Facility Type:

| STATES | SUBDIVISION | Depart | SUBDIVISION | Depart | SUBDIVISION | Repair | STATES | DOT # 30 Basement Fixtures?
Yes
No

Solution State

(Initial) Wastewater Flow: 360 Type of Wastewater System** 25% federal (See note below, if applicable □) Number of trenches 3

Exact length of each trench 100 feet Trench Spacing: Feet on Center inches Installation Requirements/Conditions Septic Tank Size / DOO gallons
Pump Tank Size / DOO gallons Maximum Trench Depth of: 22-718 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 Conditions: 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: Construction Authorization Expiration Date: 5-31-24

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SIL KOOG OID STACOR 2D		
ISSUED TO: ONTOP BUELDING Company 44 SUBDIVISION WYNN	ridge	_ LOT # 3
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Authorized State Agent: And Markon	Date:	/ /
15 of Basemen		
NO BASSMENT propray Be Avoided		

