55	01903	5-0	X
App#			

Harnett County Department of Public Health

Improvement Permit 5/1403 A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION AND FILE COMES ONLY Mike Sherer BSLTO, LLC ISSUED TO: SUBDIVISION EXPANSION NEW 17 REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 3-Bedroom 29/448' w/ Deck/Parch Proposed Wastewater System Type: 25% reaction 5/3. Projected Daily Flow: 366 Number of bedrooms: 3 Number of Occupants: Basement Yes L No May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Public Well Distance from well A feet Permit valid for: No expiration Permit conditions: 06/25/2019 Authorized State Agent:: 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, 1950, 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. Mike Sheres PROPERTY LOCATION (x, c) 30 Fletches Ave. (coheobay nd.) ISSUED TO: BSLTO, LLC SUBDIVISION Facility Type: 3-Bedroom SITTS New Expansion Basement? Yes No Basement Fixtures? Yes ☐ No Type of Wastewater System** 25% neduction system (Initial) Wastewater Flow: 360 (See note below, if applicable) Number of trenches 1 Installation Requirements/Conditions Exact length of each trench (Acu) 150 feet Trench Spacing: Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size _____gallons Maximum Trench Depth of: __ '24 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. ____ ~ inches below pipe Aggregate Depth: ~ inches above pipe inches total 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 Date: 06/26/2019 Authorized State Agent: Construction Authorization Expiration Date: _____OC/20/2024

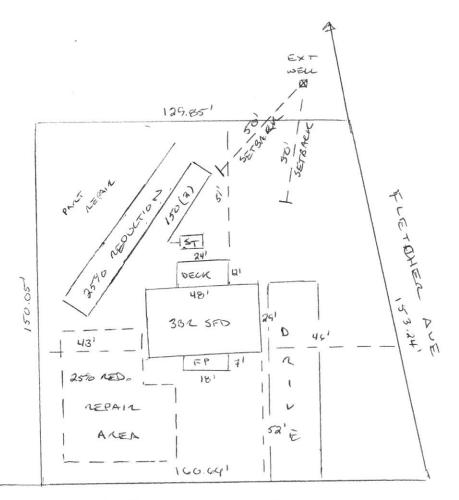
ANDREW CURRIN

HTE#	SAD1965-G	563
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Permit # ____NA

Harnett County Department of Public Health Site Sketch

	SIC SKOOL	
mike sherer	730	511403
	PROPERTY LOCATON MISS Fletches	= Ave. (corredary Nd)
ISSUED TO: BSLTO, LLC	SUBDIVISION	LOT # 2
Authorized State Agent:	Date:	06/26/2019



FLETCHER AVE

*THIS DRAWING IS FOR ILLUSTRATIVE PURPOSED CNEW STSTEM INSTALLATION MUST MEET ALL PERLTIMENT LAWS, NOLES, AND REGULATIONS