## Harnett County Department of Public Health

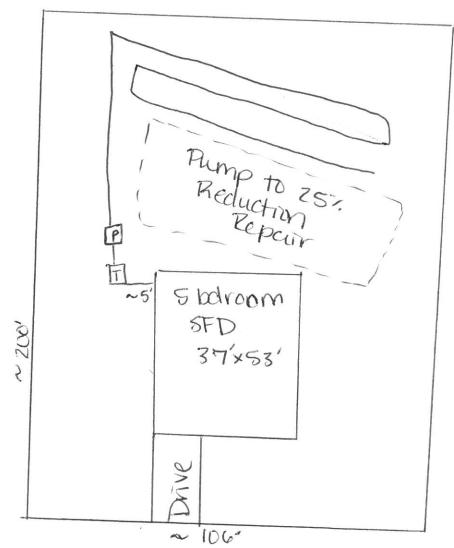
Improvement Permit

|   | A building permit cannot be issued with only an Improvem   | ent Permit                                     |                                   |
|---|--|--|-----------------------------------|
| ISSUED TO: Hand H Han   | PROPERTY LOCATION: 486   | Executive Dr.                                  | Glinator                          |
| NEW C   | SUBDIVISION DOLLAR   | V)+  | 101# 16                           |
| NEW REPAIR FXP  | ANSION Site Improvements   | required prior to Construction Author          | rization Issuance:                |
| Proposed Wastewater System Type: Plant                                | ) to 267, Red.   |  |                                   |
| 2: 12::   | 110 151. Kell.   |  |                                   |
|   | 10   |  |                                   |
| Basement Yes No   | Occupants: Cmax  |  |                                   |
|   |  |  |                                   |
| Type of Water Supply: Community N Publ                                | required based on final location and elevations of facilities  |  | 100                               |
| Permit conditions:  | ic Well Distance from wellfeet   | Permit valid for:                              | Five years                        |
|   |  |  | ■ No expiration                   |
|   |  |  |                                   |
| Authorized State Agent::  | REAL Date: 7 22 111  |  |                                   |
| The issuance of this permit by the Health Department in no way of     | Date.  |  | ACHED SITE SKETCH                 |
| 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 ow<br>ditions of this permit  | necking with appropriate governing bodies in   | meeting their requirements. This  |
| the Laws and Rules for Sewage Treatment and Disposal and to con       | ditions of this permit   | nership of the site. This permit is subject to | compliance with the provisions of |
|   |  |  |                                   |
|   | Construction Authorization   |  |                                   |
|   |  |  |                                   |
| The construction and installation requirements of Rules 1950 195      | (Required for Building Permit)   |  |                                   |
| with the attached system layout.                                      | 21954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference   | s into this permit and shall be met. Systems   | shall be installed in accordance  |
| 11 01001 11 1100  | 0.00   | , ~  |                                   |
| ISSUED TO: Hand H Hon   | PROPERTY LOCATION: 48  | 6 Executive                                    | 2.                                |
|   | SUBDIVISION COX  | wht  | LOT # \( ()                       |
| Facility Type: $51-0$ $63 \times 3$                                   | New Expansion Repair   |  | LUI # 1001                        |
| Basement? Yes No Basement   | — incpan   |  |                                   |
| Type of Wastewater System**   | 000  | /1.12.15.14                                    | 1000                              |
| (See note below, if applicable )                                      | The Contract of the Contract o | (Initial) Wastewater Flow: _                   | GPD GPD                           |
| Rimo  | ) to 75% led. (Repair)   |  |                                   |
| nstallation Requirements/Conditions                                   |  |  |                                   |
| eptic Tank Size 1250 gallons  | Number of trenches 1   | 0  |                                   |
| 1.200   | Exact length of each trench 200 feet   | Trench Spacing:                                | Feet on Center                    |
| Pump Tank Size  | Trenches shall be installed on contour at a  | Soil Cover:in                                  | ches                              |
|   | Maximum Trench Depth of: \( \sqrt{8} \) inches   | (Maximum soil cover shall no                   | t exceed                          |
|   | (Trench bottoms shall be level to +/-1/4"  | 36" above the trench botton                    |                                   |
|   | in all directions)   |  | /                                 |
| ump Requirements:ft. TDH vs   | GPM  |  | inches below pipe                 |
|   |  | Aggregate Depth:                               | inches below pipe                 |
| onditions:  |  |  | 50.70                             |
|   |  |  | inches total                      |
| ATER LINES (INCLUDING IRRIGATION) MUST                                | BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R   | FOLID ADEA                                     |                                   |
| O UTILITIES ALLOWED IN INITIAL OR REPAIR                              | DRAIN CICLO ADEA   | EPAIR AREA.                                    |                                   |
|   |  |  |                                   |
| If applicable: I understand the system type specifie                  | ed is different from the type specified on the application.  | I accent the specifications of the             |                                   |
|   |  |  | permit.                           |
| wner/Legal Representative Signature:                                  |  | Date   |                                   |
| notification is subject to revocation in the site plan.               | plat, of the intended use changes. The Construction Authorization at all and   |  |                                   |
| nstruction Authorization is subject to compliance with the provisions | of the Laws and Bules for Sewage Treatment and Disposal and to the condition   |  |                                   |
|   | seriage treatment and Disposal and to the condition  | is of this permit. SEE AT                      | TACHED SITE SKETCH                |
| ithorized State Agent: Buth Cic                                       | 26   | 7 22 10  |                                   |
| thiorized state Agent. White Co                                       | _  | 7-22-19  | _                                 |
|   | Construction Authorization Expiration Da   | te: 7/22/24                                    |                                   |
|   |  |  |                                   |

## Harnett County Department of Public Health Site Sketch

| 11 11 11 2225           | PROPERTY LOCATON: 486 E |           | Lillmater |
|-------------------------|-------------------------|-----------|-----------|
| ISSUED TO: Hatt Homes   | SUBDIVISION Oakm        | ant       | LOT # 181 |
| Authorized State Agent: | COLITED TOLKSDAND)      | e: 7-2219 |           |

\* This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.



Drawing ATS.

\* Drainfield and tanks should be @ least 5' from all house structures and 10' from all property ines.