SED	1905	cx	82
App#_			

Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 246 Mineral Spring Ln. (Chickyhease Mand)

SUBDIVISION Avery Pand

LOT # 199 ISSUED TO: LGI HOMEO NO LIC Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 3-Bedroom 48×391 5150 Proposed Wastewater System Type: 25% reduction 33. Projected Daily Flow: 366 GPD 3 Number of Occupants: 6 max Number of bedrooms: __ 4 No Basement Yes 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 L five years Permit valid for: ■ No expiration Permit conditions: 06/24/2019 Date: __ Authorized State Agent:: 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 with the attached system layout. PROPERTY LOCATION: 240 Mineral Spring to Confidence no SUBDIVISION Avery Pond LOT # 199 ISSUED TO: LGI HORDES NCLL Facility Type: 3-Bedroom 48'x 34' STD 1 New | Expansion Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 2590 reduction 575tem (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Number of trenches _ L+ Installation Requirements/Conditions Trench Spacing: 9 Feet on Center Soil Cover: 14-36 inches Septic Tank Size 1000 gallons Exact length of each trench ___ Pump Tank Size _____gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 26 -> 18 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. _____ ∼ a ____ 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent:

ANDREW WARIN

HTE#	SFD1905-000	28

Permit # _____ NA

Harnett County Department of Public Health Site Sketch

ISSUED TO: LGI Hones New LLC SUBDIVISION Avery Pond LOT # 197

Authorized State Agent: C6/24/2019

AND NEW CURLIN

