Harnett County Department of Public Health

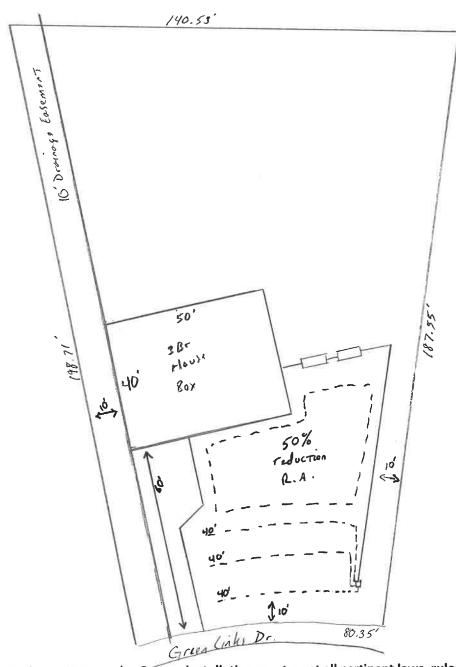
Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 530 Green Links Dr SUBDIVISION Carolina Seasons ISSUED TO: MRH Land Holding EXPANSION | Site Improvements required prior to Construction Authorization Issuance: NEW 🔀 REPAIR | Type of Structure: SFR Proposed Wastewater System Type: 50% Reduction Projected Daily Flow: 360 Number of Occupants: 6 max Number of bedrooms: 3____ Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: XYes Type of Water Supply: 🔲 Community 🗵 Public 🔲 Well Distance from well ______ feet X Five years Permit valid for: No expiration Permit conditions: REHS Date: 11-18-2020 Authorized State Agent:: Date: 11-18-2020 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 with the attached system layout. ISSUED TO: MRH Land Holding PROPERTY LOCATION: 530 Green Links Dr SUBDIVISION Carolina Seasons Expansion Facility Type: SFR New New Basement? Yes Basement Fixtures? Yes 50% Reduction (PPB) (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable) 50% Reduction Number of trenches 3 Installation Requirements/Conditions Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Exact length of each trench 40 Soil Cover: 6 ____inches Trenches shall be installed on contour at a Pump Tank Size 1000 _gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 18-26 inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) inches below pipe Pump Requirements: _____ft. TDH vs. _____GPM ____ inches above pipe 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 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: Mah Che REHS Date: 11-18-2020 Construction Authorization Expiration Date: 11-18-2025

Harnett County Department of Public Health Site Sketch

Property Location: 530 Green Links Dr. ssued To: MRH Land Holding	Subdivision Carolina Seasons	Lot # <u>4</u>
uthorized State Agent: Mal	1 054	Date: 11-18-2020



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