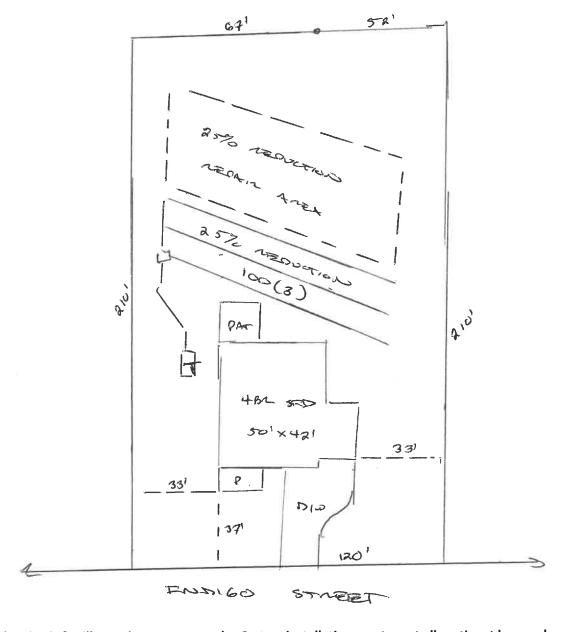
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 59 INDIGO ST. (NEILLS CNG. NO GART ROBINSON HOUTES SUBDIVISION SOUTH CARRY LOT # 5 EXPANSION Site Improvements required prior to Construction Authorization Issuance: NEW 🔀 REPAIR 4-3201001 Type of Structure: _ Proposed Wastewater System Type: __ 25% NEOSCHOP 486 GPD Projected Daily Flow: ___ Number of Occupants: _____ max Number of bedrooms: Basement Yes No May be required based on final location and elevations of facilities N₀ Pump Required: Yes Five years Type of Water Supply: Community Public Well Distance from well feet Permit valid for: ■ No expiration Permit conditions: 12/03/2020 SEE ATTACHED SITE SKETCH 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: 59 INFI 60 ST. (NELUS COX COX) ISSUED TO: GARY MOGINSON HOMES SUBDIVISION Facility Type: 452 50'x42' 55=> Facility Type: Expansion Basement Fixtures? | Yes Basement? Yes > No STOTEL (Initial) Wastewater Flow: 488 Type of Wastewater System** 25% RESULTION (See note below, if applicable) 25% resuction 5.5. Number of trenches 3 Installation Requirements/Conditions Feet on Center Septic Tank Size 1000 gallons Exact length of each trench ___ Pump Tank Size _____gallons Soil Cover: inches Trenches shall be installed on contour at a Maximum Trench Depth of: = (Maximum soil cover shall not exceed 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. ___ ___ inches above pipe Aggregate Depth: ___ 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: <u>I</u> 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 12 103/2020 Date: Authorized State Agent: Construction Authorization Expiration Date: 12/03/2025 ANDREW CURRINA

Harnett County Department of Public Health Site Sketch

Property Location:	89 IND160	STO (NE	is criper	(anas	
Issued To: 6 MAY			on <u>South</u>	COEFF	Lot#_ 55
Authorized State Age		HOREW C	and the	Dat	te: 12/03/20215



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