

Harnett County Department of Public Health

Improvement Permit

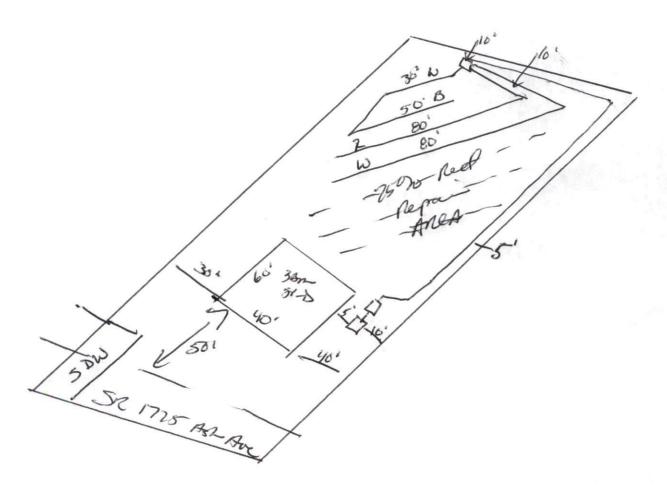
3548 Ashe Ave

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: ON 1725 ASLEAVE ISSUED TO SUSA Monie Mencado SUBDIVISION JOAN Money Panken Site Improvements required prior to Construction Authorization Issuance: 500 Type of Structure: Proposed Wastewater System Type: 25% Red Projected Daily Flow: 360 Number of bedrooms: Number of Occupants: Basement Yes Pump Required: Tes May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well _______feet Permit valid for: No expiration Permit conditions: JR 7305 10-17-22 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. PROPERTY LOCATION: 52 1775 Ashe Ave SUBDIVISION JOAN Mence Parker ISSUED TO: Lisa Marie Mercalo Repair Expansion (Initial) Wastewater Flow: 360 Type of Wastewater System** 25% REDUCTION System (See note below, if applicable) Number of trenches Installation Requirements/Conditions Trench Spacing: Exact length of each trench Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20 (Maximum soil cover shall not exceed _inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. __ Pump to Medsum D-Box - Found Distribution 12 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. Date: 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 Authorized State Agent

Construction Authorization Expiration Date: 10-17-27

Harnett County Department of Public Health Site Sketch

Property Location: 511725 Aske Ave
Lawred To. Transfer Marca de Subdivision 1 Dan 1 Market Lott 4
Authorized State Agent Date: 10-17-22
Fromp to medium D-Box for Egual Distribution
* Install AS Flagged FAN UP Hill AS Conton Allows



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