Harnett County Department of Public Health

Improvement Permit

A building permit can	PROPERTY LOCATION: 3018 Old Stage N. D. (52 1006)
155UED TO: Torruthon Wall	SUBDIVISION LOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-Section 28 X56' DIONH	
Proposed Wastewater System Type: 25% reduction	
Projected Daily Flow: 366 GPD	
-	_max
Basement Tes X No	
Pump Required: Yes No May be required based on final I	
Type of Water Supply: Community Public Well Distar	nce from well feet Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agenti:	Date: 10/31/2019 SEE ATTACHED SITE SKETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other	r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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.	
Constr	uction Authorization
(Rei	guired for Building Permit)
No.	.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.	
WILL TO TEACHER Wall	DONDEDTY INCATION: 3018 SIN Stage Ad. 12. (SA 1806)
133010 10.	PROPERTY LOCATION: 3018 Gld Stage and 10. (52/1006) SUBDIVISION
Facility Type: 382 OWNH New	Expansion Repair
	□ No
Basement? Yes No Basement Fixtures? Yes	Cook Section (Initial) Wastewater Flow: 360 GPD
Type of wastewater system as your leadest	S'ON system (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	(Ponsix)
Installation Requirements/Conditions Number of trend	her 2
installation requirements/conditions	11103
,	
0	
	Depth of: 22 inches (Maximum soil cover shall not exceed
Contraction of the Contraction o	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: NA inches above pipe
Conditions: Future Deck w/ SFT S	betwick inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	A.
** If applicable: I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
in applicable. I understand the system type specified is different from	the type specimed on the appreciation. I accept the specimentons of this period.
Oursey/Local Bearseantstine Genetures	Date:
Owner/Legal Representative Signature:	Date.
	changes. The Construction Authorization shall not be transferred when there is a change in awarshin of the site. This
	changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Sewage Treatment and Disnoval and to the conditions of this nermit SEE ATTACHED SITE SKETCH
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	CCF ATTACHER CITE CHETCH
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
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Authorized State Agent:	CCC ATTACHED CITE CHETCH

Harnett County Department of Public Health Site Sketch

