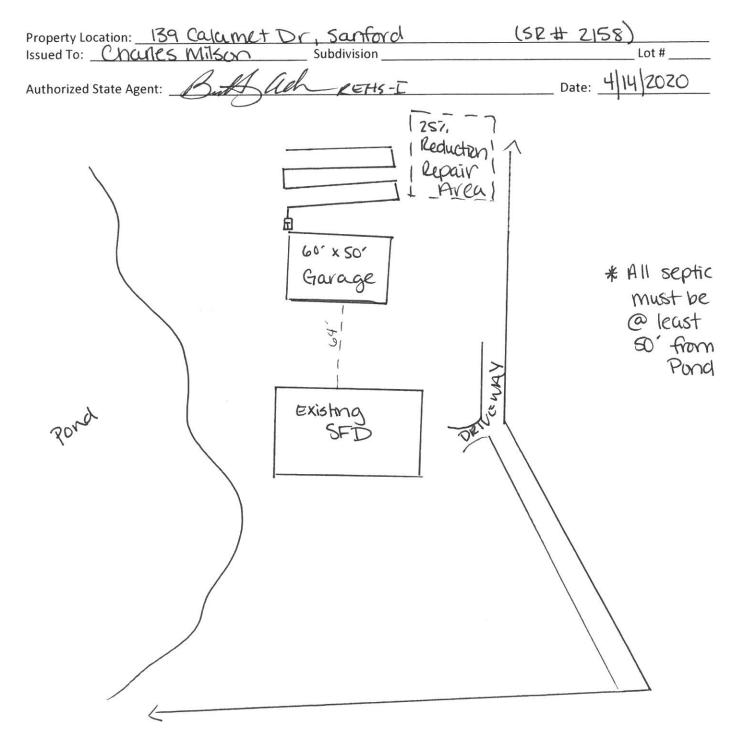
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

Charles Miless		39 Calul	met Dr. Santord (Si	
ISSUED TO: Charles Milson	SUBDIVISION		quired prior to Construction Autho	LOT #
NEW REPAIR EXPANSION FRAME OF Structure: 60'x50' Garage	Site it	nprovements rec	Juired prior to Construction Author	ITIZATION ISSUANCE.
Proposed Wastewater System Type: 25% Reduction				
Projected Daily Flow: 240 GPD				
Number of bedrooms: Number of Occupants: 4	max			
Basement Yes X No				
	on final location and elevations of	facilities		
Type of Water Supply: Community Public Well			Permit valid for:	★ Five years
Permit conditions:				☐ No expiration
- AM CI		10000		
Additionated State Agent.	745-I Date: 4/14			TACHED SITE SKETCH
The issuance of this permit by the Health Department on on way guarantees the issu- site is subject to revocation if the site plan, plat, we the intended use changes. The I	nce of other permits. The permit holder is norovement Permit shall not be affected b	responsible for che v a change in own	cking with appropriate governing bodies i ership of the site. This permit is subject to	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this peri		/ =	, , , , , , , , , , , , , , , , , , ,	
	Construction Authori	zation		
•	(Required for Building Per			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .			into this permit and shall be met. System	ns shall be installed in accordance
with the attached system layout.		, , , , , , , , , , , , , , , , , , , ,	The state of the s	
www. ro. Charles Mileon	DRODERTY LOCAT	101 120	Calumet Dr. Sanfor	d (SD#2159)
ISSUED TO: Charles Milson		IUN: 139 (Calumet Dr, Sanfor	LOT #
60'yE0' Carago	SUBDIVISION	☐ Repair		LOI #
, , ,	New Expansion	L Repair		
Basement? Yes No Basement Fixtures?	Yes 🔀 No		(I-121 N.W	240 CDD
Type of Wastewater System** 25% Reduction		-	(Initial) Wastewater Flow:	240 GPD
(See note below, if applicable)	/B	1.34		
25% Reduction	(Repa	ir)		
	of trenches 1			
	ngth of each trench 200	feet	Trench Spacing: 9	
	shall be installed on contour		Soil Cover: 6	_inches
	n Trench Depth of: 18	inches	(Maximum soil cover shall	
(Trench	bottoms shall be level to +/-	/4"	36" above the trench bo	ttom)
in all d	rections)			
Pump Requirements:ft. TDH vsGPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				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 FIL				
**If applicable: 1 understand the system type specified is different	nt from the type specified on .	the application	. I accept the specifications of	this permit.
vner/Legal Representative Signature: Sometria 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 at	d Kules for Sewage Treatment and Disposa	I and to the condit	ions of this permit.	ATTACHED SITE SKETCH
L Mad			4/4.4/0000	
Authorized State Agent: Date: 4/14/2020				
Construction Authorization Expiration Date: 4/14/2025				

Harnett County Department of Public Health Site Sketch



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