Harnett County Department of Public Health

Improvement Permit

A buildin	g permit cannot be issued with only an Improvement Permit
	PROPERTY LOCATION: 5961 CHRISTIANS LIGHT NO (SN 1442)
ISSUED TO: ANGELICA AVILES	SUBDIVISIONLOT #
NEW ☐ REPAIR ☑ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: Ext 3-62 500	
Proposed Wastewater System Type: 25% Newsca	100 545
Projected Daily Flow: GPD	
Number of bedrooms: Number of Occupants:	G max
Basement Yes No	
Pump Required: Yes No May be required bas	sed on final location and elevations of facilities
Type of Water Supply: Community Public V	
Permit conditions:	□ No expiration
- 3	
Authorized State Agent::	Date: 06/12/2020 SEE ATTACHED SITE SKETCH
8	issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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	
	Construction Authorization
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .195	5, .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.	
	me in the second
ISSUED TO: ANGELICA AVILES	PROPERTY LOCATION: 5961 CHRISTIAN LIGHT NO (SCINIZ)
	SUBDIVISIONLOT #
Facility Type: ExT 3-32 STS	New ☐ Expansion ☐ Repair
Type of Wastewater System**	PPLICABLE (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
25% NEDUC	Repair)
Installation Requirements/Conditions Num	ber of trenches 3
Septic Tank Size 1000 gallons (NEW) Exac	
100100000000000000000000000000000000000	
6	ches shall be installed on contour at a Soil Cover: 6-12 inches
Maxi	mum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed
(Tren	nch bottoms shall be level to +/-1/4" 36" above the trench bottom)
in al	Il directions)
	and the second s
Pump Requirements:ft. TDH vsGPM	
	Aggregate Depth: inches above pipe
Conditions: 6 NAVITY TO D-BOX TO	EQUAL DISTRIBUTION
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F	T. 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 dil	Gerent from the type specified on the application. I accept the specifications of this permit.
in applicable. I understand the system type specimed is only	erent noin the type specimes on the appreciation. I accept the specimentons of this perime.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or t	he 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 Law	rs and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Later Land Company	100 MH Day 06/12/2020
Authorized State Agent:	Willes Date.
ANDREW WILL	Construction Authorization Expiration Date: 06/12/2025

Harnett County Department of Public Health Site Sketch

Property Location: 5961 CHRISTIAN LIGHT RD (SZI412)	
Issued To: ANGRUCA AVILES Subdivision	Lot #
Authorized State Agent: Date:	06/12/2020
*GINITY TO D-BOX EQUAL DISTRIBUTED	0
* 675, FLACGES UNSITE	
* INSTALL SHALLOW FIRST 25FT, ON CONTO	OR MIDDLE 35FT
* TANK FILLING OF AND *	
D-BOX CONSHED	
LOUTINE SIS. MAINTENANCE	
CAN BE ATTEMPTED	
PRIOR TO WEND SYS.	
TO CHRISTIAN LT 20 (SAINIA)	N WATER
This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules	s, and regulations.
	.,