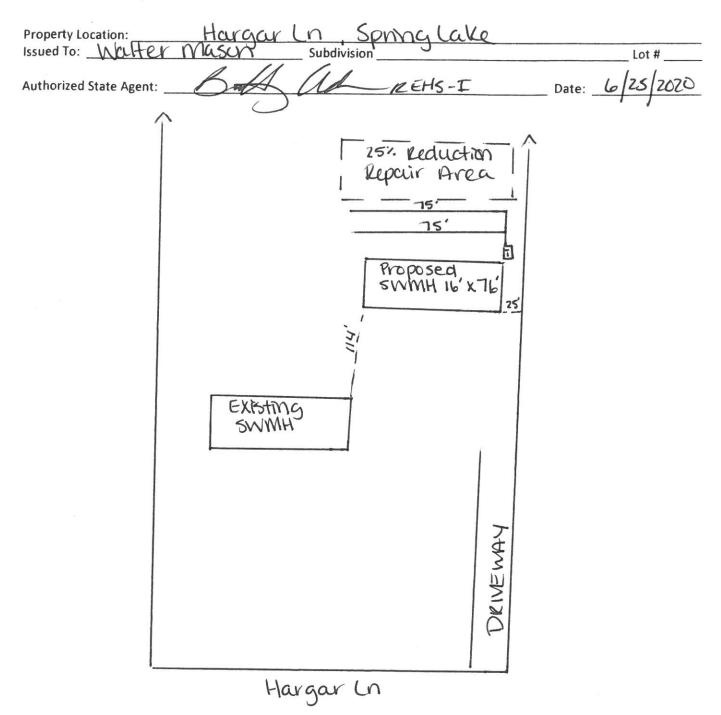
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A bulling perior can	PROPERTY LOCAT		gar Ln, Spring Lake	(SE# 2052)
ISSUED TO: Walter Mason	SUBDIVISION			LOT #
NEW REPAIR EXPANSION SYMMH 16'x76'		Site Improvements rec	quired prior to Construction Authoriza	ation Issuance:
Proposed Wastewater System Type: 25% Reduction	_			
Projected Daily Flow: 360 GPD	77	_		
Number of bedrooms: 3 Number of Occupants: 6	max			
Basement Yes No				
Pump Required: Yes No May be required based on final lo			5 - Y - Y - Y	□
Type of Water Supply: Community Public Well Distan	ice from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
1 1 0 1				
Authorized State Agent:: Dath CUL REH	5-I Date: 6	3/25/2020	SEE ATTAC	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
Constr	uction Aut	horization		
(Reg	uired for Buildir	ng Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, with the attached system layout.	.1958, and .1959 are	incorporated by references	into this permit and shall be met. Systems sh	nall be installed in accordance
ISSUED TO: Walter Mason		LOCATION:	Hargar Ln, Spring L	ake
CWMH 16'v76'	SUBDIVISIO			LUI #
Facility Type: SWMH 16'x76'	Expansi	on L Kepair		
Basement? Yes No Basement Fixtures? Yes	× No		/I-'I\ W	60 CDD
Type of Wastewater System** 25% Reduction			(Initial) Wastewater Flow: 3	60 GPD
(See note below, if applicable () 25% Reduction		(Ronair)		
Installation Requirements/Conditions Number of trench				
Septic Tank Size 1000 gallons Exact length of e			Trench Spacing: 9I	reet on Center
Pump Tank Size gallons Trenches shall be			Soil Cover: 6 inc	
Maximum Trench			(Maximum soil cover shall no	
(Trench bottoms			36" above the trench botton	
in all directions)			Jo above the tremen botton	,
Pump Requirements:ft. TDH vsGPM				inches below pipe
rump negarientens.			Aggregate Depth:	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI	NY PART OF SE	PTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	۸.			
**If applicable: I understand the system type specified is different from t	the type specified	d on the application.	I accept the specifications of the	is permit.
	// /	,,		
Owner/Legal Representative Signature:	Date:			
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: Date: 6/25/2020				
Construction Authorization Expiration Date: 6/25/2025				

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.