App#Bl&52007-0003

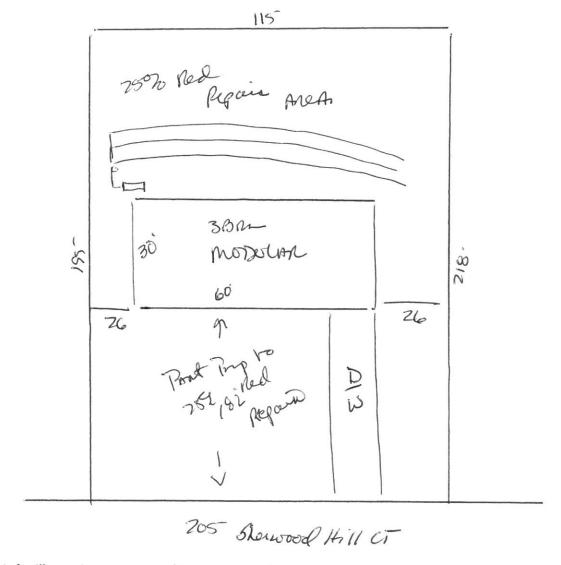
## Harnett County Department of Public Health

Improvement Permit

A building	permit cannot be issued with only an Improvement Permit			
1.	PROPERTY LOCATION they 24/27 205 Steward Hills			
ISSUED TO: Cony Daken	SUBDIVISION Speciood 14:115 LOT # 8			
NEW ☑ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure:				
Proposed Wastewater System Type: 25% RSDUZTU				
Projected Daily Flow: 360 GPD				
Number of bedrooms:3 Number of Occupants:	€ max			
Basement Yes No				
Pump Required: Yes No May be required based	on final location and elevations of facilities			
Type of Water Supply: Community Public We	Distance from wellfeet Permit valid for: Five years			
Permit conditions:	No expiration			
	ı			
	(M) 10345			
Authorized State Agent	Date: G-2-20 SEE ATTACHED SITE SKETCH			
The issuance of this permit by the Health Department in no way guarantees the iss	ance 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 pe	mil.			
	Construction Authorization			
The construction and installation requirement of Pulse 1900, 1902, 1904, 1905	(Required for Building Permit)			
with the attached system layout.	1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance			
ISSUED TO: Cory DAKAN	PROPERTY LOCATION: Hz 24/27 705 Showood Helps SUBDIVISION Showood Holls LOT # 8			
	CHRONICION Star De O ILINS 10T # 8			
Facility Type:	New Expansion Repair			
Basement? Yes No Basement Fixtures?				
Type of Wastewater System** _15020 Nedu	(Initial) Wastewater Flow: 360 GPD			
(See note below, if applicable )	- ' '			
25% Red.	2-62 525 fr2-(Repair)			
Installation Requirements/Conditions Numbe	of trenches 3			
	ength of each trench 80 feet Trench Spacing: Feet on Center			
	s shall be installed on contour at a Soil Cover: inches			
	m Trench Depth of:ZZ*inches (Maximum soil cover shall not exceed			
(Trench	bottoms shall be level to +/-1/4" 36" above the trench bottom)			
in all o	irections)			
Pump Requirements: ft. TDH vsGPM	inches below pipe			
5	Aggregate Depth: 2 inches above pipe			
Conditions:				
conditions.				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT.	FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FI	LD AREA.			
**If applicable: I understand the system type specified is different	nt from the type specified on the application. I accept the specifications of this permit.			
Owner/Legal Representative Signature:	Date:			
This Construction Authorization is subject to revocation if the site plan, plat, or the i	tended 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 as				
4	1 1 - 218			
5 11	Con and a second			
Authorized State Agent:	Date:			
( )	Construction Authorization Expiration Date: 3-2-25			

## Harnett County Department of Public Health Site Sketch

Property Location: 4 24/27	705 Shewood Holls		
Property Location: Hy 24/27 Issued To: Cony Making	Subdivision Shewood Hills		Lot#
Authorized State Agent:	E Manhanter Tests.	Date: _	9-2-20



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