## Harnett County Department of Public Health

Improvement Permit

| Α  | building permit cannot be issued with only an improvement h  | Madad Ushbs RN   |  |
|--|--|--|--|
| ISSUED TO: AARDAI + Molossa Th   | PROPERTY LOCATION: Sc 2072 SUBDIVISION   | LOT #  |  |
|  |  | ired prior to Construction Authorization Issuance:   |  |
|  | The improvements redu  | pro prior to construction Authorization issuance.  |  |
| //   |  |  |  |
|  |  |  |  |
| Projected Daily Flow: GPD GPD  |  |  |  |
| Number of bedrooms: Number of Occup:   | .uts: max  |  |  |
| Basement Yes No  |  |  |  |
|  | ed based on final location and elevations of facilities  | D 10 1017  |  |
| Type of Water Supply: Community Public   | Well Distance from well feet   | Permit valid for:  |  |
| Permit conditions:   |  | No expiration  |  |
| mer - de se confidência di principio dell'Alla | 1 1 724K   | Territor .   |  |
| \$ 1   | ANA BATE: 12-2-20  | CEE ATTACHED CITE CHETCH   |  |
| Authorized State Agents  | 11-70-17-0   |  |  |
| The issuance of this permit by the Health Department in no way guaran  | tees the issuance of other permits. The permit holder is responsible for check<br>langes. The Improvement Permit shall not be affected by a change in owners   | ting with appropriate governing bodies in meeting their requirements. Inis   |  |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions   |  | inp of the site. This period is subject to compliance with the provisions of   |  |
| the can's and makes for seriage recathlent and proposal and to condition.  |  |  |  |
|  | Contact Analysis   |  |  |
|  | Construction Authorization   |  |  |
|  | (Required for Building Permit)   |  |  |
| The construction and installation requirements of Rules .1950, .1952, .19  | 54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references in  | nto this permit and shall be met. Systems shall be installed in accordance   |  |
| with the attached system layout.   |  |  |  |
| Marshall The   | 4. 4.4. 0000000000000000000000000000000  | 22 Managh Habbs 7A   |  |
| ISSUED TO: AMON + MelissA The  |  | 72, McNecll Hobbs RD   |  |
|  | SUBDIVISION  | LOT #  |  |
| Facility Type: MODURAL   | New 🔲 Expansion 🔲 Repair   |  |  |
| Basement? Yes No Basement Fixt   | ures? Tyes PNo   |  |  |
| Type of Wastewater System** 25% NE   |  | (Initial) Wastewater Flow: 360 GPD   |  |
| ,  | 7  | (initial) waste and the second of the second |  |
| (See note below, if applicable )   | (Repair)   |  |  |
|  | 7  | _  |  |
| Installation Requirements/Conditions   | Number of trenches 3   | $\mathcal G$   |  |
| Septic Tank Size 1000 gallons  | Exact length of each trench  | Trench Spacing: Feet on Center   |  |
| Pump Tank Size 1000 gallons  | Trenches shall be installed on contour at a  | Soil Cover: 6 inches   |  |
|  | Maximum Trench Depth of:   | (Maximum soil cover shall not exceed   |  |
|  | (Trench bottoms shall be level to +/-1/4"  | 36" above the trench bottom)   |  |
|  | · ·  | 30 above the neiten portoni  |  |
|  | in all directions)   | 6 var 10 var   |  |
| Pump Requirements:ft. TDH vs   | GPM  | inches below pipe  |  |
|  |  | Aggregate Depth: inches above pipe   |  |
| Conditions: (ontractor to the  | et onseit punto In   | STACI. 12 inches total   |  |
|  | cet onsets puinto In   |  |  |
|  |  |  |  |
| •  | E 10FT, FROM ANY PART OF SEPTIC SYSTEM OR R  | LIAIN ANLA.  |  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR D  | RAIN FIELD AREA.   |  |  |
| ** If applicable: I understand the system type specified   | is different from the type specified on the application.   | I accept the specifications of this permit   |  |
| Il applicable. I understand the system type specimed   | is unitient from the type specified on the apprecation.  | racept the specimentons of this permit   |  |
|  |  | Descri   |  |
| Owner/Legal Representative Signature:  | published to the second of the | 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.  |  |  |  |
| 2 1 1 Am 72HS  |  |  |  |
| Authorized State Agent: Date: 12-2-20  |  |  |  |
| Authorized State Agent:  |  | 12-2-20<br>ate: 12-2-25  |  |
|  | Construction Authorization Expiration Da   | ale.   |  |

## Harnett County Department of Public Health Site Sketch

| Property Location: 512 2072 Meneell   |                              |
|---|------------------------------|
| Issued To: AARON & Melessa Thomas Subdivision   | Lot #                        |
| Authorized State Agent ones & Marchand Tens   | Date: _/2-2-2-0              |
| - Fontradon to  | MEET ON SLIB<br>WSTALL.      |
| A Printy  | -25 7261                     |
| i 🛕   | POTITULE.                    |
| Acto Vi   |                              |
| 6. 16 part<br>10 map ponel  |                              |
| Repair Area 25% beeli   | Q500000                      |
| Sulant<br>Sulant<br>Massis la<br>Hassis la<br>Hassis la                                       |                              |
| This drawing is for illustrative purposes only. System installation must meet all pertinent l | aws, rules, and regulations. |