HTE# 15-5-3703 RHarnett County Depart	tment of Public Health	28555
Improveme	nt Permit	Andrew Sol, statut (Anton Solation)
A building permit cannot be issued PROPERTY LC		3 M LOT # 27
NEW REPAIR EXPANSION Type of Structure:	Site Improvements required prior to Construction Auth	
Proposed Wastewater System Type: Prop + 25 0% TRN Projected Daily Flow: 480 GPD		
Basement 🗆 Yes 🖉 No		
Pump Required: Ares INO May be required based on final location and el Type of Water Supply: Community Public Well Distance from well Permit conditions:	evations of facilities feet Permit valid for:	☐ Five years □ No expiration
Authorized State Agent: Date: Date: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The persiste is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	rmit holder is responsible for checking with appropriate governing bodies	
Construction A	Authorization	
Facility Type: I No Basement Fixtures? I Yes I No	9 are incorporated by references into this permit and shall be met. Syste RTY LOCATION: <u>1947</u> Row1/S ISION <u>MAGNOCIACION</u> ISION <u>MAGNOCIACION</u> ISION <u>MAGNOCIACION</u> ISION <u>MAGNOCIACION</u> ISION <u>MAGNOCIACION</u> ISION <u>(In</u> itial) Wastewater Flow (Repair) (Repair) (Repair) (Repair) (Repair) (Repair) (Repair) (Maximum soil cover shal 36" above the trench bu Aggregate Depth:	<u>CIVIS RS</u> LOT # <u>27</u>
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	F SEPTIC SYSTEM OR REPAIR 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.		
Owner/Legal Representative Signature:	Date:	awaarship of the site. This
Construction Authorization is subject to revocation in the site plan, plat, or the intended use changes. The Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment		E ATTACHED SITE SKETCH
Authorized State Agent:	Date: 9-25-15 norization Expiration Date: 5-25-2	
	ivitation cophation vale.	

HTE#15-5-37037R Permit # _ 28555 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: ON 1447 PANIS CIUB RD _____ SUBDIVISION ______ NO ICA CUST ______ LOT # 27_____ ISSUED TO: RUSSell HART Manha Date: ______ &-_ ZS - 15

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Authorized State Agent:

