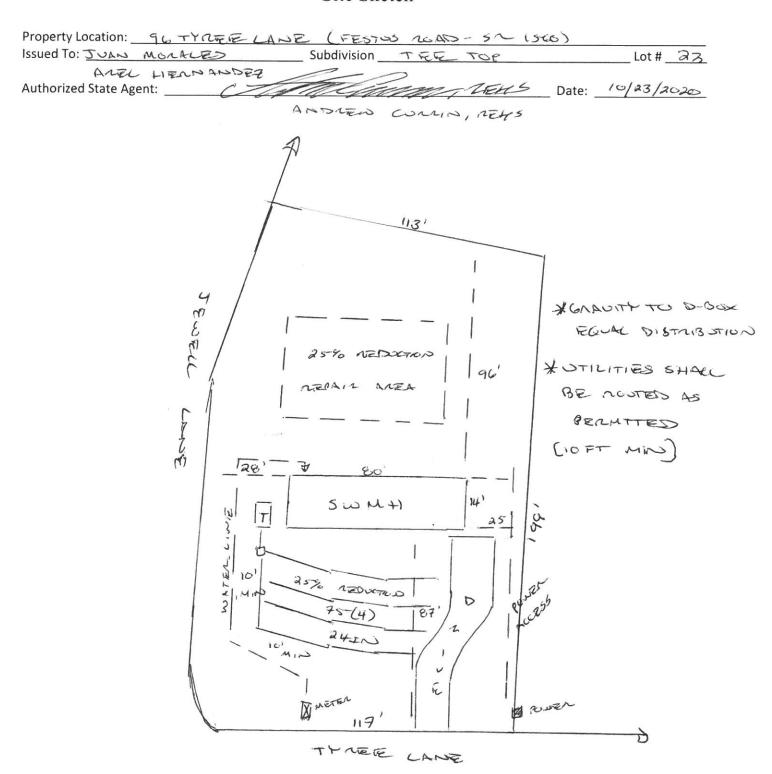
## Harnett County Department of Public Health

Improvement Permit

	issued with only an Improvement Permit
ANEL HEMANDEZ PROPI	RTY LOCATION: 96 THREE LANE (FRESTUS ROAM)
	IVISION TRE TOP LOT # 22
NEW ☑. REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3 -BEDROOM 14'XED' SWMH	
Proposed Wastewater System Type: 25-90 NEDICTION 513	,
Projected Daily Flow: 365 GPD	
Number of Dedrooms: Number of Occupants: max	
Basement Mes 25No	11.2.70.70
Pump Required: Message on final location	
Type of Water Supply: Community Public Well Distance from	
Permit conditions:	No expiration
Authorized State Agent::	Date: 10/23/2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits	The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	hall 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 permit	
Construction	on Authorization
	for Building Permit)
	nd .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
FISHWANTED ISNA	521560
	ROPERTY LOCATION: 96 THREELN. (FRESTUS TEND)
	UBDIVISION TER TOP LOT # 22
	Expansion Repair
Basement? Yes 🔁 No Basement Fixtures? Yes 🔲 N	0
Type of Wastewater System** 25% 1300000	SISTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	
PUMP TO 25% NED. 5	(Repair)
Installation Requirements/Conditions Number of trenches	4
Septic Tank Size 1000 gallons Exact length of each tr	ench 75 feet Trench Spacing: 5 Feet on Center
Pump Tank Sizegallons Trenches shall be instal	1 0
Maximum Trench Depth	
(Trench bottoms shall b	
	t level to 17-174 30 above the trench bottom)
in all directions)	NA index below in
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate beptil fileties above pipe
Conditions: 6 ADDITY TO 5-DOX EGUAL D	157713 STICN NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PA	RT OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If I I understand the sustain to a second in I'll to the total	
**If applicable: 1 understand the system type specified is different from the typ	e specified on the application. I accept the specifications of this permit.
A	
Owner/Legal Representative Signature:	Date:
	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 Tr	eatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 10/23/2020
	Authorization Expiration Date: 10/23/2025
1405/20 00001	

## 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.