Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 4473 OLD STAGE 100 N. (SIL 1006 ROBIN JOHNSON SUBDIVISION EXPANSION 🔲 REPAIR 🗌 NEW 🔯 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 3-8202000 20 X56' DUNH Proposed Wastewater System Type: 2576 MEDICONO Projected Daily Flow: 366 Number of bedrooms: _ Number of Occupants: Basement Yes No **№**″No Pump Required: Yes May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well ______ feet Permit valid for: Five years No expiration Permit conditions: Authorized State Agent:: Date: 12/08/2020 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 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 permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. PROPERTY LOCATION: 4475 OLD STAGE NO W. (5~1000) NOBIN JOHNSON ISSUED TO: SUBDIVISION Facility Type: 3-32 281x561 SW ■ Expansion Basement Fixtures? Yes Basement? Yes No 25% LEDOLATION Type of Wastewater System** (Initial) Wastewater Flow: _ 360 GPD (See note below, if applicable) PUMP TO 25% NEDUCTION Number of trenches 4 Installation Requirements/Conditions Trench Spacing: _ Septic Tank Size Loos gallons Exact length of each trench Pump Tank Size _____gallons Trenches shall be installed on contour at a Maximum Trench Depth of: (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) inches below pipe Pump Requirements: ft. TDH vs. __ Aggregate Depth: _______ inches above pipe Conditions: CAAUTY TO DIBON EQUAL DISTRIBUTION inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **Il applicable: <u>I</u> 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: 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 Date: Authorized State Agent: ____ Construction Authorization Expiration Date: 12/08/2025 ANDREW CUMIN

Harnett County Department of Public Health Site Sketch

Property Location: 4473 OLS STAGE NO. N. (SN 1006)	
Issued To: 10010 50HNSON Subdivision	Lot #
Authorized State Agents	Date:12/08/2020
Authorized State Agent:	Date
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This drawing is for illustrative purposes only. System installation must mee	t all pertinent laws, rules, and regulations.
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