## Harnett County Department of Public Health

## Improvement Permit

А	Dullding permit cannot be issued with	tionly an improvement r	s moone no (50	1557)
ISSUED TO: HEATHER F. BAUMHAN	SUBDIVISION _	IION.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OT #
		Gite Improvements requi	red prior to Construction Author	
NEW REPAIR EXPANSION  Type of Structure: 4-01200000000000000000000000000000000000		site improvements requi	red prior to construction realist	ization issuance.
Proposed Wastewater System Type: 25% 1250				
Projected Daily Flow: 480 GPD				
	ants: <del>&amp;</del> max			
Basement Yes No	ants			
	red based on final location and eleva	tions of facilities		
Type of Water Supply: Community Public	Well Distance from well	NA feet	Permit valid for:	<b>∀</b> Five years
Permit conditions:				No expiration
Termit conditions.				
	7			
Authorized State Agent::	Date:	0//27/202	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarar	tees the issuance of other permits. The permit	holder is responsible for check	ing with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of		affected by a change in owners	hip of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
	6			
	Construction Aut	thorization .		
	(Required for Buildi	ng Permit)		
The construction and installation requirements of Rules (1950, (1952, A)			to this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: + KEATHER F. BADMH	AOSEA NOADERTY	LOCATION: 632	SILAS MOONE 15	(521557)
DOUGH TO: FINDER HISTON . OHOME	PROPERTY	LUCATION.		LOT #
		)N		υ π
Facility Type: 4-13-2 72'x 30' NOD Di		ion 🔲 Repair		
	tures? 🔲 Yes 🔲 No			1.10
Type of Wastewater System** 25%	NEDOCKION STSTIES	<u></u>	(Initial) Wastewater Flow:	SPD GPD
(See note below, if applicable 🔲)				
25% 2000	TION SISTIEM	_(Repair)		
Installation Requirements/Conditions	Number of trenches3			
Septic Tank Size \coc gallons	Exact length of each trench	100 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover: 12	inches
Famp Tank Size	Maximum Trench Depth of:		(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to		36" above the trench bot	
	in all directions)	g · , , , ,	Jo above the tremen bot	,
D D 1	GPM		NA	inches below pipe
Pump Requirements:ft. TDH vs	GFN		Assessed Doorth: NA	inches above pipe
			Aggregate Depth:	inches total
Conditions: GRAWITH TO D-BOX I	eceuse 13,377,13571	<u> </u>		inches total
WATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF S	EPTIC SYSTEM OR RI	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DRAIN FIELD AREA.			
			I amount the amortionarions of	this normit
**If applicable: I understand the system type specified	i is dillerent trom the type specific	ed on the application.	i accept the specifications of	uns permu.
			<b>D</b>	
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	If the Laws and Rules for Sewage Treatment and	d Disposal and to the condition	ns of this permit.	ATTACHED SITE SKETCH
		1-4	. 1	
Authorized State Agent: Date:				
Authorized State Agent:	11/11/11/20	Date		

## Harnett County Department of Public Health Site Sketch

