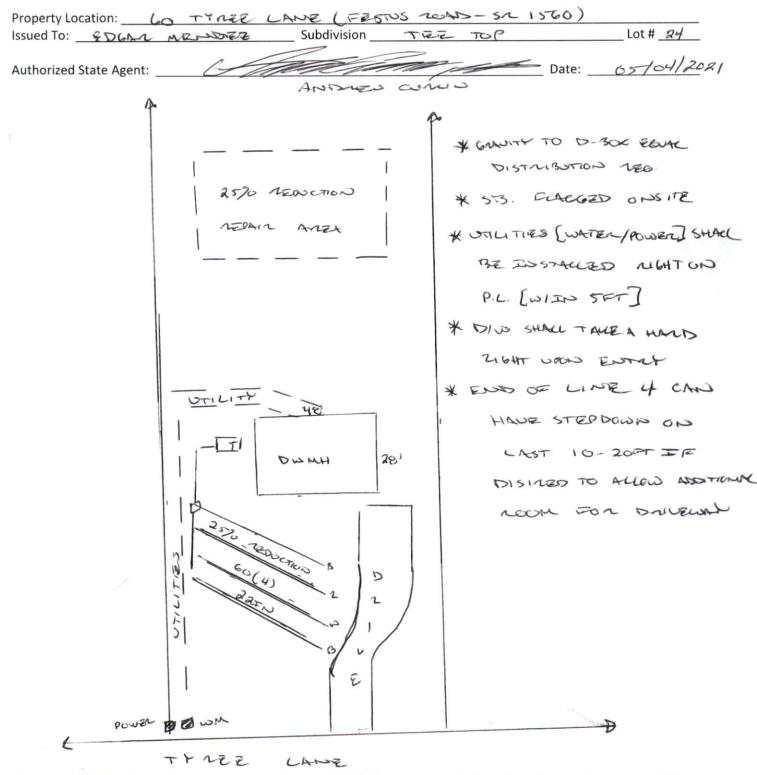
Harnett County Department of Public Health

Improvement Permit

EDGAL WENDER	PROPERTY LOCATION		UE (FESTUS 10 51 156
ISSUED TO: SLANCE MEDINA	SUBDIVISION	TEE TOP	LOT # 34
NEW ☐ REPAIR ☐ EXPANSIO	N 🔲	Site Improvements required prior to Cor	nstruction Authorization Issuance:
Type of Structure: 3-31 28'x48' Du	Simil		
Proposed Wastewater System Type: 25% NE	DOTON 5.3.		
Projected Daily Flow: 366 GPD			
Number of bedrooms: Number of Occup	pants:max		
Basement Yes 🔀 No			
Pump Required: Yes No May be requ	ired based on final location and elevati	ons of facilities	
Type of Water Supply: Community Public	☐ Well Distance from well	feet Per	mit valid for: 🔀 Five years
Permit conditions:			No expiration
	2		
Australiand State Assessed Office Assessed	No.	05/04/2021	SEE ATTACHED SITE SKETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit h		
site is subject to revocation if the site plan, plat, or the intended use			
the Laws and Rules for Sewage Treatment and Disposal and to condition			
	Construction Aut	horization	
	(Required for Building		
The construction and installation requirements of Rules .1950, .1952, .1			shall be met. Systems shall be installed in accordance
with the attached system layout.			
	DRODERTY	OCATION	521566
ISSUED TO: BLANCA MEDINA			N. (FESTUS TELLS)
	SUBDIVISION		LUI # <u>&9</u>
Facility Type: 3-on 20'x48' DWMH	·	on 🗌 Repair	
	tures? Yes No		
Type of Wastewater System** 2572	, reduction STATE	(Initial) Wa	stewater Flow: <u>366</u> GPD
(See note below, if applicable)			
PUMP TO 2	25% TENCHON 573.	(Repair)	
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size 😿 gallons	Exact length of each trench	feet Trench Spacing	g: Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on con		18 inches
	Maximum Trench Depth of:		soil cover shall not exceed
	(Trench bottoms shall be level to		the trench bottom)
	A man nem men m	77-174 30 above	the trench bottom)
Duma Bandananan 6 TDU	in all directions)		NA inches below nine
Pump Requirements:ft. TDH vs	GPM		Ilicites below hipe
2 00		Aggregate Dep	
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SE	PTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			
COLOR OF A COLOR WILL SERVICE AND SERVICE AND SERVICE SERVICE AND SERVICE AND SERVICE AND SERVICE AND SERVICE SERVICE AND SERV	COURT VICTORIA DE LE MANDE PORTO ES MANOS EL DEFENDA PORTO.	1 1 r r r r	
**If applicable: 1 understand the system type specified	t is different from the type specified	on the application. I accept the sp	pecifications of this permit.
Owner/Legal Representative Signature		n	
Owner/Legal Representative Signature:		0	ate:
			A SECTION OF THE PROPERTY OF T
Construction Authorization is subject to compliance with the provisions of	I the Laws and Rules for Sewage Treatment and	Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Man in	Date: 05/0	4/2021
ANDRES CURRYS	Construction Authoriz	ation Expiration Date: 05/	64/2026
THIS COMEUN	CONSTRUCTION AUTHORIZ	and application bute,	

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.