## Harnett County Department of Public Health

Improvement Permit

| A  | building permit cannot be issued with only an Improvement  PROPERTY LOCATION: SC/SW | Permit Pe |                            |
|--|---|--|----------------------------|
| ISSUED TO: LELEANA ITEKUA  | TLAZA/12 SUBDIVISION  | 7 7 7 7 7  | LOT #                      |
| NEW REPAIR EXPANSION   |   | uired prior to Construction Authorization  |                            |
| Type of Structure: Dwn H   |   |  |                            |
| Proposed Wastewater System Type: 25% RI                                      | SISUETUR  |  |                            |
| Projected Daily Flow: GPD  | /   |  |                            |
| Number of bedrooms: Number of Occupa   | ints:max  |  |                            |
| Basement Yes No  |   |  |                            |
|  | red based on final location and elevations of facilities  Well Distance from well   | Permit valid for:  | Five years                 |
| <i>''</i>  | Well Distance from well 30 leet   |  | No expiration              |
| Permit conditions:   |   |  | 1 no expiration            |
| 3  | 1 1 = 110 126/15  |  |                            |
| Authorized State Agent:  | Date: 4-4-  | SEE ATTACHED   | SITE SKETCH                |
| The issuance of this permit by the Health Department in no way guaran        | tees the issuance of other permits. The permit holder is responsible for che        | cking with appropriate governing bodies in meeting   | their requirements. This   |
| site is subject to revocation if the site plan, plat, or the intended use cl | nanges. The Improvement Permit shall not be affected by a change in owne            | rship of the site. This permit is subject to complian  | nce with the provisions of |
| the Laws and Rules for Sewage Treatment and Disposal and to condition        | of this permit.   |  |                            |
|  | 6 1 1 1 1 1   |  |                            |
|  | Construction Authorization  |  |                            |
|  | (Required for Building Permit)  |  |                            |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 154, .1955, .1956, .1957, .1958. and .1959 are incorporated by references           | into this permit and shall be met. Systems shall be  | e installed in accordance  |
| with the attached system layout.   | 9   |  |                            |
| ISSUED TO: CILIANA Itehua TI   | AZAJO PROPERTY LOCATION: ST   | 1560 Festus RD   | 4                          |
|  | SUBDIVISION   |  | LOT #                      |
| Facility Type: Dwn+  | V New ☐ Expansion ☐ Repair  |  |                            |
| 1 11   | ures? Yes Wo  |  |                            |
| Type of Wastewater System** 25% 7%   |   | (Initial) Wastewater Flow: 3   | 60 GPD                     |
| (See note below, if applicable )   | 2000  | (IIIIIII) Wasternater Nov  | 0.0                        |
| 25% P  | BDO LOZON (Repair)  |  |                            |
| Installation Requirements/Conditions   | Number of trenches 4  |  |                            |
| Septic Tank Size / OOO gallons   | Exact length of each trench 60 feet   | Trench Spacing: Feet   | on Center                  |
| Pump Tank Sizegallons  | Trenches shall be installed on contour at a   | Soil Cover:inches  |                            |
| rump tank sizeganons   | Maximum Trench Depth of: 22-7/8 inches  | (Maximum soil cover shall not ex   |                            |
|  | (Trench bottoms shall be level to +/-1/4"   | 36" above the trench bottom)   | iceeu                      |
|  |   | 30 above the trench bottomy  |                            |
| D  | in all directions)  | 6  | inches below pipe          |
| Pump Requirements:ft. TDH vs   | GFN   |  | _ inches above pipe        |
| e ra   |   | Aggregate Depth:   | inches total               |
| Conditions:  |   |  | inches total               |
|  |   |  |                            |
|  | BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I  | REPAIR AREA.   |                            |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR D                                  | RAIN FIELD AREA.  |  |                            |
| **If applicable: 1 understand the system type specified                      | is different from the type specified on the application                             | . I accept the specifications of this po   | ermit.                     |
| Owner/Legal Representative Signature:  |   | Date:  |                            |
|  | olat, or the intended use changes. The Construction Authorization shall not         |  | p of the site. This        |
|  | f the Laws and Rules for Sewage Treatment and Disposal and to the condit            | CEE ATTAC  | HED SITE SKETCH            |
|  | 1 STOPPING  |  |                            |
| Authorized State Agent:  | MANHAN Date:  | 4-4-23   |                            |
| MULIIOTIZEU STATE MEETIN   | Construction Authorization Expiration D   | 12to: 4-4-70   |                            |
|  | Construction Authorization Expiration L   | rate.  |                            |

## Harnett County Department of Public Health Site Sketch

| Property Location: Sa 1560 Festis RS  Issued To: Latana Ithhua Tlazalo Subdivision |        |
|--|--------|
| Issued To: Latana THERWA TLAZALD Subdivision                                       | Lot #  |
| Authorized State Agent: Ames C Manhan PBAS Date: _                                 | 4-4-23 |
| Repair Repair Area.  1618 Area A.  1618 W  |        |
|  |        |
|  |        |

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.