Harnett County Department of Public Health

Improvement Permit

	nit cannot be issued with only an Improvem		
ISSUED TO: KELLEY NEED PROPERTY LOCATION: 972 W. STRIKLAND RD. SUBDIVISION TRAVIS RAY 4DAMS 101 # 7			
NEW REPAIR EXPANSION			LOT # 7
Type of Structure: 3-BENEON 28'X44' NO	Site Improvements	required prior to Construction Author	orization Issuance:
Proposed Wastewater System Type: 25% 1200CTION 5		The second secon	ter i etalismente de l'idea società di mante de l'accionate de l'accionate de l'accionate de l'accionate de l'a
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes No			
Pump Required: Mes No May be required based on	final location and elevations of facilities	The state of the s	
Type of Water Supply: Community Public Well	Distance from wellfeet	Permit valid for:	Five years
Permit conditions:			■ No expiration
Authorized State Assess	75	1	
Authorized State Agent:: The issuance of this permit by the Health Department in no way quarantees the issuance	Date: Date:	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the site plan, plat, or the intended use changes. The Impro the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	or other permits, the permit holder is responsible for rement Permit shall not be affected by a change in or	checking with appropriate governing bodies in wnership of the site. This permit is subject to	n meeting their requirements. This compliance with the provisions of
Cor	nstruction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1930, .1952, .1954, .1955, .1956, with the attached system layout.	.1957, 1958, and .1959 are incorporated by reference	es into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: KELLEY 122	PROPERTY LOCATION: 972	2 W. STRICKLANDS A	Φ
		MAY ADAMS	LOT # 7
Facility Type: 3-B~ 28 x 44 MOS		[×	
Basement? Yes No Basement Fixtures? Yes			
Type of Wastewater System** PUMP TO 25%	LEDNOTION SYS.	(Initial) Wastewater Flow:	366 GPD
(See note below, if applicable 🔲)			
PUMP TO 25% A	(/		
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	of each trench 90 feet	Trench Spacing: _ \mathcal{F}	
	Il be installed on contour at a	Soil Cover: 10 i	
	ench Depth of: 22 inches		
100 000 00	oms shall be level to +/-1/4"	36" above the trench botto	om)
in all directi	ons)		
Pump Requirements:ft. TDH vsGPM		A~	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions: PUME TO D-GOX EGUAL	DISTRIBUTION		inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROI IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	A ANY PART OF SEPTIC SYSTEM OR IREA.	REPAIR AREA.	
*If applicable: 1 understand the system type specified is different from	om the type specified on the application	n. I accept the specifications of the	his permit.
hunor/Logal Barraratains Cianatain			
Owner/Legal Representative Signature:		Date:	
his 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 ow	
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules	for sewage treatment and Disposal and to the condit	ions of this permit.	MTACHED SITE SKETCH
uthorized State Agents	m - 11 10 5 .	09/02/-	
uthorized State Agent:	Date:		
ANDROS CURIN Construction Authorization Expiration Date: 69/02/2025			

Harnett County Department of Public Health Site Sketch