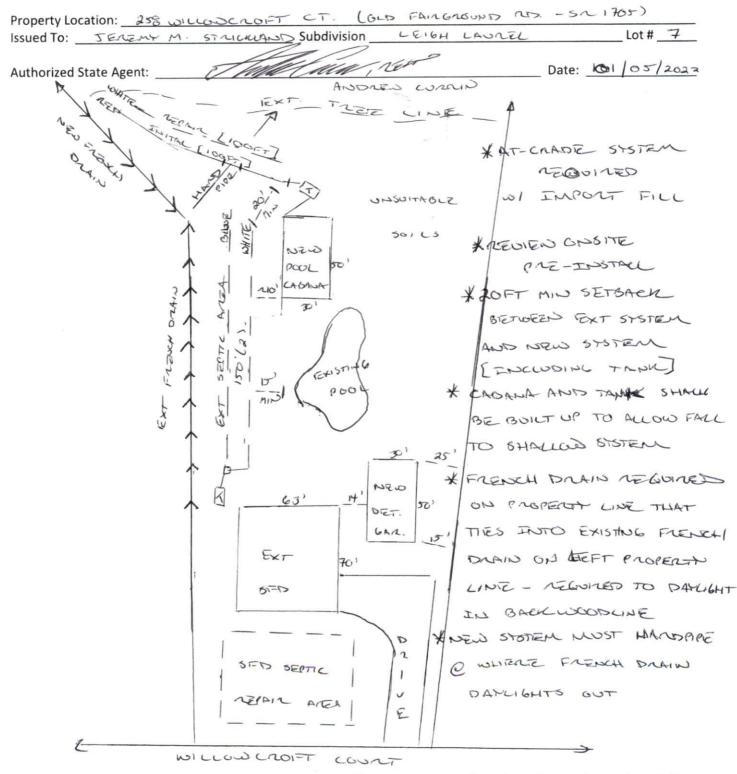
## Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit	5~1705
	PROPERTY LOCATION: 258 WILLOWCROFT CT. LOCA	TAINGROUPS POS.)
ISSUED TO: JENERY M. STRICKL	AND SUBDIVISION LEIGH LAUTER	LOT # <del></del> _
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Author	ization Issuance:
Type of Structure: POOL CABANA [30"	×20. ]	And the second second
Proposed Wastewater System Type: AC-GRADE	25/3 NEDOCTON	
Projected Daily Flow: L 🗆 🕒 GPD		
Number of bedrooms: Number of Occup	ints: <u>~</u> <del>~</del> max	
Basement Tes No		
Pump Required: Yes No May be requi	ed based on final location and elevations of facilities	
Type of Water Supply: Community Public	■ Well Distance from well ■ NA feet Permit valid for:	Five years
Permit conditions:		■ No expiration
Authorized State Agent::		TACHED 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 checking with appropriate governing bodies in	meeting their requirements. This
	anges. 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 condition	or this permit.	
	C i A de i de	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .15	54, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems	s shall be installed in accordance
with the attached system layout.		
	CLAND PROPERTY LOCATION: 258 WILLOWCROIT CT. ( SUBDIVISION LIETER LAUREL	821765
ISSUED TO: JIENTENY M. STRICE	PROPERTY LOCATION: 258 BICCOSCROLLI CIT.	Cas Expedition of
	J SUBDIVISION LIETERI LAUREL	LOT # <del>7</del>
Facility Type: POOL GABANA [30'x50	New 🔲 Expansion 🔲 Repair	
Basement? Yes No Basement Fixt	ures? Yes No	
Type of Wastewater System** AT-GRAS		100 GPD
(See note below, if applicable ()	25% REDICTION (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 106 feet Trench Spacing: 9	
Pump Tank Sizegallons	Trenches shall be installed on contour at a Soil Cover:	inches [IMPONT]
	Maximum Trench Depth of: 14inches (Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bot	tom)
	in all directions)	*
Pump Requirements:ft. TDH vs	^	inches below pipe
rump kedunements it. 10h vs		
	Aggregate Deptil.	
Conditions: I MONT SOIL REGIS	Aggregate Depth: NA	MA inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		
**If applicable: [ 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:	Date:	
This Construction Authorization is subject to revocation if the site plan of	lat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in C	ownership of the site. This
		ATTACHED SITE SKETCH
The provider of the composition and the provisions of		
Authorized State Agent:	Cull 1 Nett Date: 01/05/20:	23
ANTOTEN CURTIN	Construction Authorization Expiration Date: 01/05-/2	627
		The second secon

## 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.