## Harnett County Department of Public Health

## Improvement Permit

,	PROPERTY LOCATION: SA 1769 OID STAGE RD	
ISSUED TO: TINA TEW	SUBDIVISION LOT #	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: DWMA		
Proposed Wastewater System Type: 25% NAWCOON		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants:	_max	
Basement Yes No		
Pump Required: Yes No May be required based on final		
Type of Water Supply: Community Public Well Dista		
Permit conditions:	No expiration	
À .1 (	LOZ TBAS	
Authorized State Agent: Manhan	Date: 3-28-22 SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other	er permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This	
	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 conditions of this permit.		
Const	austion Authorization	
	ruction Authorization	
	quired for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout.	. 1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance	
ISSUED TO: TINA TEW	PROPERTY LOCATION: SR 1769 DID STAGE RD  SUBDIVISION LOT #	
Facility Type: DWMH New	SUBDIVISION Repair	
Basement? Yes No Basement Fixtures? Yes	□No 3( C CPP	
Type of Wastewater System 25% 1003000 2000 34	SHB- (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable ),		
25/50% RSN Com	(Repair)	
Installation Requirements/Conditions Number of trend	thes 9	
, ,	each trench 80 feet Trench Spacing: 7 Feet on Center	
	e installed on contour at a Soil Cover:inches	
	Depth of: 18inches (Maximum soil cover shall not exceed	
	shall be level to +/-1/4" 36" above the trench bottom)	
in all directions		
Pump Requirements:ft. TDH vsGPM	inches below pipe	
	Aggregate Depth: inches above pipe	
Conditions:	inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	A.	
** 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:	
0 1 0	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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.		
A MI AAR DEAS		
Authorized State Agent: Date: 3-28-22  Construction Authorization Expiration Date: 3-28-27		
Conc.	truction Authorization Expiration Date: 3-28-27	
/ / Colls	nuction Authorization Expiration Date.	

## Harnett County Department of Public Health Site Sketch

Property Location: SL 1769 DID STAGE TUS	
Issued To: TNA TEW Subdivision	Lot #
Authorized State Agent: Show & Markon FER TENS	_ Date: _ 3-29-22
15% Rod pepain Area.	9-1
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5R 1769 010 STAGE 22	)

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