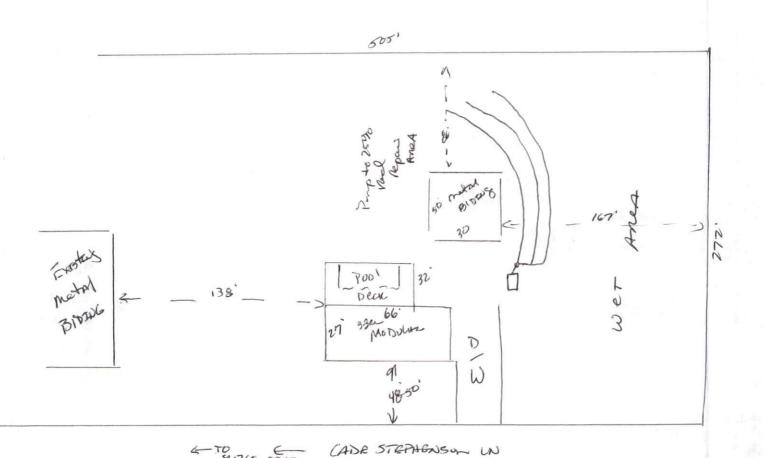
## Harnett County Department of Public Health

Improvement Permit

A DUNUIN	PROPERTY LOCATION: 552 1769 010 STAGBED
ISSUED TO: KAYS-FA / + RANGALI BAKE	SUBDIVISION LOT #
NEW REPAIR EXPANSION	
Type of Structure: MOD	the improvements required prior to constitution rationalisation issuance.
Proposed Wastewater System Type: 25% N&Ducotos	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants:	6 max
Basement Yes No	
Pump Required: Yes No May be required ba	sed on final location and elevations of facilities
Type of Water Supply: Community Public	Well Distance from wellfeet Permit valid for:  Five years
Permit conditions:	□ No expiration
	2717
- M	Date: 12-5-22 SEE ATTACHED SITE SKETCH
Authorized State Agent: Authorized State Agent: Authorized State Agent:	
	issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 conditions of this	
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .19	55, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO: Krystal + Kandall Barko	PROPERTY LOCATION: St.1769 OID STAGE PLD  SUBDIVISION LOT #  New Expansion Repair  Yes No
Facility Type: MOD	New D Expansion D Repair
Racement? Yes No Racement Fixtures?	□ Yes □ 1/No
Tune of Wastawater Sustam** 1592- TRANSILE	Yes No (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	(IIIIIai) Wastemater How.
2520 WZYUCS	(Repair)
Late Harrison Description and I Constitution	to describe 3
Installation Requirements/Conditions Num	ober of trenches
	imum Trench Depth of: 18-20 inches (Maximum soil cover shall not exceed
	nch bottoms shall be level to +/-1/4" 36" above the trench bottom)
in a	ll directions)
Pump Requirements:ft. TDH vsGPI	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
	FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	FIELD AREA.
**If applicable: I understand the system type specified is di	fferent from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
	ws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
Authorized State Agent Zimes Zi MA	Date: 12-5-22
MULIIVITZEU STATE MEETIN	Construction Authorization Expiration Date: 12-5-27
	Construction Authorization Expiration Date. 123

## Harnett County Department of Public Health Site Sketch

Property Location: SR 1769 01D 57868 125		
Issued To: Krystall + Mandrell Barkon Subdivision		Lot #
Authorized State Agent: Jones & Marchard Topics	Date:	12-5-22



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