Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: / EFRAIN VOLAZAGREZ SUBDIVISION LOT #			
NEW REPAIR EXPANSION	_		
Proposed Wastewater System Type: 25% RED	A17 87-A	-	
Projected Daily Flow: 480 GPD			
Number of bedrooms: 4 Number of Occupa	ants: R max		
Basement Yes No			
/ /	red based on final location and elevations of facilities		
Type of Water Supply: Community Mean Public Permit conditions:	■ Well Distance from well feet Permit valid for: ☑ Five years ☐ No expirate ☐ No expirate	ion	
	170 724		
5/	Marker Date: 4-3-23 SEE ATTACHED SITE SKETCH		
	ttees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirem hanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the pr	ents. This	
Construction Authorization			
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in ac	cordance	
ISSUED TO: EFRAIN VCIAZAS	10= 1/)	
Tilm H	7		
Facility Type: Dyn H			
Basement? Yes No Basement Fixth	tures? Yes No	CDD	
Type of Wastewater System** 25% 74	EDUCTION Systram (Initial) Wastewater Flow: 480	GPD	
(See note below, if applicable (1) 25%/50	70 TOSISUZOZOS (Repair)		
Installation Requirements/Conditions	Number of trenches 4		
Septic Tank Size/ 200 gallons	Exact length of each trench Feet on Center		
Pump Tank Sizegallons	Trenches shall be installed on contour at a Soil Cover:inches		
	Maximum Trench Depth of: 20-718 inches (Maximum soil cover shall not exceed		
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)		
	in all directions)		
Pump Requirements:ft. TDH vs	GPM	0.0	
	Aggregate Depth: inches ab		
Conditions:		nes total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. 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 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, plat, or the intended use 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. SEE ATTACHED SITE SKETCH			
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. SEE ATIACHED SITE SKEICH			
Authorized State Agent: Date: 4-3-23			
Construction Authorization Expiration Date: $4-3-78$			

Harnett County Department of Public Health Site Sketch

Property Location: SXL1000 OTD STAGE RA	
Issued To: Subdivision Subdivision	Lot #
Authorized State Agent ares & Manhan from 7848	Date: 4-3-23
Authorized State Agent 25% Red le pau Arre A le pau	Date:
EN 1006 OID STAGE TOD	

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