SEE ATTACHED SITE SKETCH

Harnett County Department of Public Health

App# BNGS 2304-0069 7153 CANSON Gregory Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Sx 1547 CANSON Donald Gregory ISSUED TO: SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: NEW V 1)mH Type of Structure: Proposed Wastewater System Type: 25% TBVSVOCCO Projected Daily Flow: 360 Number of Occupants: 6 max Number of bedrooms: ___ Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Public Well Distance from well ______feet Five years Permit valid for: ■ No expiration Permit conditions: SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the Site plan, plat, or the intended use changes. 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 permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .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: DOWALD Gregory PROPERTY LOCATION: 3154 CANSON GNEGOR Facility Type: DWMH New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% NETSURIO System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Number of trenches Installation Requirements/Conditions Exact length of each trench 100 Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size _____gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 20-718 inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ___ _GPM Conditions: 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. Date: Owner/Legal Representative Signature: 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 Expiration Date: 5-15-28

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.

Authorized State Agent.

2153 CANSON GREGORY

Harnett County Department of Public Health Site Sketch

Property Location: SNIS47 CARSON GREGORY PS		
Issued To: DONAID GREEDING Subdivision		Lot #
Authorized State Agent: Am & Manhan Far Mass	Date: _	5-15-23

