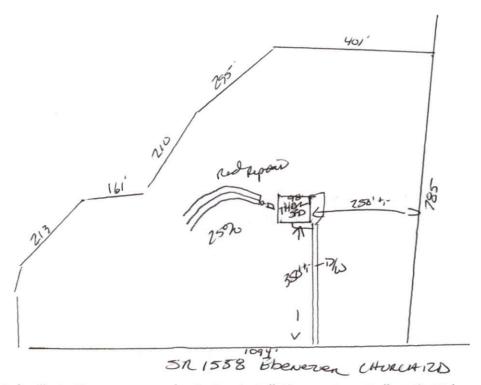
Harnett County Department of Public Health

Improvement Permit

A building	PROPERTY LOCATION: SK 1558 Ebenezen CHINCH 77)
ISSUED TO: STATEMENT CUSTOM AO	SUBDIVISION LOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFI	the improvements required prior to constitution relations installed
Proposed Wastewater System Type: 25% Transcript	J
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants:	8 max
Basement Yes Mo	
	d on final location and elevations of facilities
Type of Water Supply: ☐ Community ☑ Public ☐ W	
Permit conditions:	□ No expiration
SM	1 TEHS
Authorized State Agent: Ames (A)	What Date: 4-6-23 SEE ATTACHED SITE SKETCH
	suance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 p	
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 with the attached system layout.	.1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Statement Custom Home	PROPERTY LOCATION: SCI558 EBENEZER CHURCH PD
3	SUBDIVISIONLOT #
Facility Type:	✓ New □ Expansion □ Repair
Basement? Tyes No Basement Fixtures?	☐ Yes ☑ No
Type of Wastewater System** 25% 725DU CS	Com System (Initial) Wastewater Flow: 980 GPD
(See note below, if applicable)	
25% REDUC	TCON (Repair)
Installation Requirements/Conditions Numb	er of trenches 3
	length of each trench 100 feet Trench Spacing: Feet on Center
	nes shall be installed on contour at a Soil Cover:
	num Trench Depth of: $24 > 18$ inches (Maximum soil cover shall not exceed
	th bottoms shall be level to +/-1/4" 36" above the trench bottom)
	directions)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F1	. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	IELD AREA.
**If applicable: I understand the system type specified is diffe	erent from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
	and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1- Tite
5	N/4 1/4 1 100 100 4-6-72
Authorized State Agent:	Construction Authorization Expiration Date: 4-6-28
()	Construction Authorization Expiration Date:9-6-28

Harnett County Department of Public Health Site Sketch

Property Location: 5USS8 EDEWEZEL CHURCH RD		
Issued To:		Lot #
Authorized State Agent: Smarker TSHS	_ Date:	4-6-23



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