Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued wi	th only an Improvement	Permit OA			
And to Anna Ho Bure	Johnson PROPERTY LOCA SUBDIVISION	ATION: 3/4/360	305	LOT #	6	
NEW REPAIR EXPANSIO	IN .	Site Improvements requ	uired prior to Construction Author		-	
Type of Structure: Susmi						
Proposed Wastewater System Type: 25% 7267	304 Un-					
Projected Daily Flow: 240 GPD Number of bedrooms: 72 Number of Occup	ч у					
Number of bedrooms: Number of Occup Basement Ves No	pants:max					
	ired based on final location and elev	vations of facilities		/	1 1	
Turn of Water Supplier Community TY Public	Well Distance from well	foot	Permit valid for:	Five years		
Permit conditions: NEED 5 700	Survey Map And	left HAND 1	snoperty LING	☐ No expira	tion	
	1 1 2 2	7.1.	Surveyed	IN	111	
	My 1 AST 14	545	70'66	of Con	AVAL	
Authorized State Agence:	Date:	10-3-2		ACHED SITE SKETC		
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the lite plan, plat, or the intended use	ntees the issuance of other permits, the perm changes. The Improvement Permit shall not be	affected by a change in owner	rship of the site. This permit is subject to	compliance with the p	provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition		,				
	Construction Au	uthorization				
	(Required for Build					
The construction and installation requirements of Rules .1950, .1952, .			into this permit and shall be met. System	s shall be installed in a	accordance	
with the attached system layout.						
ISSUED TO: Annette Brie Jo	5 h 150) 0000000	TV LOCATION SA 6	760Fcstus RD			
ISSUED 10: APPLICATE ISSUE SE	THOUSEN	ION MA	D BA=5	LOT #	1.	
Sidm A	JUBUIVIS	nsion Repair	P BASS	LOI # _	0	
Facility Type: SWNW Basement? Yes No Basement Fix		nsion L Repair				
Basement! I fes Mo Basement in	ctures? Yes No		(Litial) Washington Floor	740	CDD	
Type of Wastewater System** 25% 7268	NUCOLON Systis	n-	(Initial) Wastewater Flow:	2 40	_ GPD	
(See note below, if applicable)	· · · · · · · · · · · · · · · · · · ·	(D : \				
25% No	2	(Repair)				
Installation Requirements/Conditions	Number of trenches	75 (Tours Consider 9	Foot on Conto		
Septic Tank Size 1000 gallons	Exact length of each trench		Trench Spacing:	_ Feet on Center		
Pump Tank Sizegallons	Trenches shall be installed on	contour at a	Soil Cover:	_inches		
	Maximum Trench Depth of:		(Maximum soil cover shall			
	(Trench bottoms shall be level	to +/-1/4	36" above the trench bot	.tom)		
	in all directions)		/		dan sisa	
Pump Requirements:ft. TDH vs	GPM		<u>@</u>	inches b		
			Aggregate Depth:		above pipe ches total	
Conditions:				r Z In	cnes total	
WATER LINES (INCLUDING IRRIGATION) MUST		SEPTIC SYSTEM OR F	REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.					
**If applicable: 1 understand the system type specifie	d is different from the type speci	ified 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 Const	ruction Authorization shall not		ownership of the site.	This	
Construction Authorization is subject to compliance with the provisions				ATTACHED SITE		
	1 1 1	THE THE				
Authorized State Agent: Date: 11-16-23 Construction Authorization Expiration Date: 11-16-28						
MULIIOTIZEU STATE MEETIL	Construction Author	prization Evolvation D	1210: 11-16-70			
Construction Authorization Expiration Date.						

Application # BRRS 2309-0039

Harnett County Department of Public Health Site Sketch

Property Location: 51 /560 Festus 170	
Issued To: Arnotte Buin Johnson Subdivision Manie P Bre	Lot # 6
Authorized State Agent TONS	Date: 11-16-23
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.