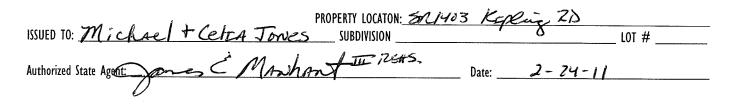
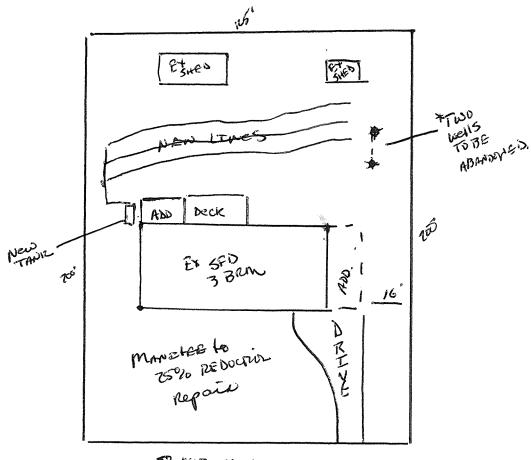
HTE# 11-5-26019 Harnett County Department of Public	Health
Improvement Permit	26416
A building permit cannot be issued with only an Improvement Permi	it
PROPERTY LOCATION: SR1403 KE	
ISSUED TO PLOCATE CELIA TODES SUBDIVISION	LOT #
NEW GEP REPAIR ☑ EXPANSION ☑ Site Improvements required Type of Structure: Image: Second	prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25th REDUCTION Staston	
Projected Daily Flow: <u>360</u> GPD	
Number of bedrooms: Number of Occupants: max	
Basement Yes No	
Pump Required: 🗆 Yes 🔲 No 🗹 May be required based on final location and elevations of facilities Type of Water Supply: 🗆 Community 🗹 Public 🗹 Well Distance from well feet	Permit valid for: 🛛 Five years
Permit conditions:	Permit valid for: 🛛 Five years
Well'S TO BE Approved,	
A A A A A A A A A A A A A A A A A A A	
Authorized State Agent $2 - 24 - 11$ 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 w	SEE ATTACHED SITE SKETCH
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 with the attached system layout.	s permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Michael + Celes Jones PROPERTY LOCATION: SR1403	
Facility Type: <u>FX_TS FZWG SFD</u> INew Expansion Repair	LOT #
Basement? Ses I No Basement Fixtures? Yes No	
	Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable [])	and the second of the second o
25% ZEDUCTON System (Repair)	
Installation Requirements/Conditions Number of trefiches 3	
	ich Spacing: Feet on Center
	Cover: inches
	laximum soil cover shall not exceed
	36" above the trench bottom)
in all directions) Pump Requirements:ft. TDH vs GPM	
	registe Depth: Z inches below pipe
Conditions:/ Lells to BE Abandersed. Age	regate Depth: <u>Z</u> inches below pipe <u>12</u> inches above pipe
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAI	RAREA
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 acc	cept the specifications of this permit.
Awner/Legal Representative Signature	Data
Owner/Legal Representative Signature:	Prized 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 the	his permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Monhafances Date:	2-24-11
Authorized State Agent: Date: Date: Date:	2-24-16

HTE# <u>11-5-26019</u> Harnett County Department of Public Health Site Sketch





SR 1403 Kepting RD

