HTE $\# 16-5-9018662$ Harnett County Department of Public Health	29143
Improvement Permit	22110
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 27) DONNIBROOK RE	
ISSUED TO: JOMATH BN MUQDOCIL SUBDIVISION DONNIBROOK	LOT # _ \ )
NEW REPAIR EXPANSION SubDivision Down BCOOK   Type of Structure: Ext SFD Room 6 Ext No Site Improvements required prior to Construction	ion Authorization Issuance:
Proposed wastewater system type: and the book of the b	
Projected Daily Flow: 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 100 feet Permit val	lid for: Difive years
Permit conditions:	No expiration
1/1 00-	
and the second s	
Authorized State Agent:	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 governi	ng 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 i	is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	

	<b>Construction</b> Authorization	
	(Required for Building Permit) 54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references i	nto this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		
ISSUED TO: JONATION MUQDO	CX PROPERTY LOCATION: 211	DONNIBROOK RUN
	SUBDIVISION DONNIES	SROOK LOT # 1)
Facility Type: Exi 500 ROOMG HTP	Der 🗆 New 🔀 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🙀 No 🛛 Basement Fixtu		
Type of Wastewater System** 25% P	KEDUCTION	(Initial) Wastewater Flow: GPD
(See note below, if applicable 🗆)		
LPP	(Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size <u>Examina</u> gallons	Exact length of each trench $75$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches
	Maximum Trench Depth of: <u>\\</u> 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	inches below pipe
		Aggregate Depth: inches above pipe

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.

Conditions: ADD ONE LINE TO EXISTING SYSTEM

**If applicable: I understand the system type specified is different from the type specified of	n 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 A	uthorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the previsions of the Laws and Rules for Sewage Treatment and Disp	
Authorized State Agent:	Date: $\sqrt{25}$ T on Expiration Date: $\sqrt{25}$

\_\_\_\_\_ inches total

