HTE# 18-5-43673

## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit					
ISSUED TO: Reunauldo Ruedo SUBDIVISION	NSV1873 Needle Creek RD	7			
	Mendowbrook LOT ite Improvements required prior to Construction Authorization Issuance	# 12			
Type of Structure: Ex SFD	te improvements required prior to construction authorization issuance	e:			
Proposed Wastewater System Type: Conventional					
Projected Daily Flow: 360 GPD					
Number of bedrooms: Number of Occupants: max					
Basement □Yes ☑ No					
Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevation	ns of facilities				
Type of Water Supply:   Community   Public   Well Distance from well	feet Permit valid for: 🗹 Five y	ears			
Permit conditions:	No ex	piration			
d M . I samo					
Authorized State Agent: Date:	// .9				
Authorized State Agent:  The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit hold	G-G-18  SEE ATTACHED SITE SK	ETCH			
site is subject to revocation in the site plan, plat, or the intended use changes. The Improvement Permit shall not be affect	ted by a change in ownership of the site. This permit is subject to compliance with t	urrements. This			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	, o point to suspend to compliance with the	ic provisions of			
Construction Auth	orization				
(Required for Building					
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are inc	CORDOTATED by references into this permit and shall be met. Systems shall be installed	in accordance			
with the attached system layout.	represent by continued and permit and shall be met. Systems shall be instance	iii accordance			
ISSUED TO: De MALA PARED A PROPERTY LO	10 10 10 10 10 10 10 10 10 10 10 10 10 1	- 0			
PROPERTY LO	CATION: 52/573 Nextls Ceele M Mendowbarole LOT #				
ISSUED TO: Regnaldo Reeda PROPERTY LO SUBDIVISION Facility Type: Ex 5F1> New Expansion	Mendonbacole LOT #	12			
	- Repair				
Basement?  Yes No Basement Fixtures? Yes No					
Type of Wastewater System**	(Initial) Wastewater Flow: 360	GPD			
(See note below, if applicable $\square$ )					
The state of the s	epair)				
Installation Requirements/Conditions Number of trenches	_				
Septic Tank Size gallons Exact length of each trench 150		er			
Pump Tank Size gallons Trenches shall be installed on conto	our at a Soil Cover: inches				
Maximum Trench Depth of:	>18 inches (Maximum soil cover shall not exceed				
(Trench bottoms shall be level to +					
in all directions)	,				
Pump Requirements:ft. TDH vs GPM	Aggregate Depth: Z inches	helow nine			
	Aggregate Denth: Z inches	ahove nine			
Conditions:	/7_	inches total			
		nenes total			
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPT	IC CVCTEM OD DEDAID ADEA				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	IC STSTEM OR REPAIR AREA.				
**If applicable: I understand the system type specified is different from the type specified o	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 I	Authorization shall not be transferred 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 Disp	oosal and to the conditions of this permit. SEE ATTACHED SITE	SKETCH			
1.		7			
Authorized State Agent: Anes Ell Awhan	Date: /-/-/0				
Construction Authorizati	Date: 6-6-/8				
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HTE# 18-5-43673

Permit # 29959

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Reynauld Rueda	PROPERTY LOCATON: 52157	3 Next	18 Cracle RI	3
/		lowbrow	eh	LOT # _/Z_
Authorized State Agent:	Markon Je 1848	Date:	6-6-18	
* Tollow consultants	s Cayout.			

