## HTE# 17-5-42789 Harnett County Department of Public Health

**Improvement Permit** 

	building permit cannot be issued with only an Improveme		~ 15480)
ISSUED TO: Ricket Deste Mc	PROPERTY LOCATION: LOCATION:	is tope to Lo	10T # /
NEW LE KEPAIK LI EXPANSIO	IN LI Site Improvements i	required prior to Construction Authoriz	zation Issuance:
Type of Structure: 332 241×441 >>	LOW H		
Proposed Wastewater System Type: 25% ned	outien sye		
Projected Daily Flow:366 GPD			
	pants: max		
Basement Yes No	-		
Pump Required: Yes No May be requ	ired based on final location and elevations of facilities		and the second s
Type of Water Supply:   Community Public	Well Distance from well feet	Permit valid for:	A Five years
Permit conditions:			☐ No expiration
	3		
Authorized State Agent"	12/06 Date: 12/06	13017 (11 111	CHED CITE CHETCH
The issuance of this permit by the Health Department in no way guarat	ntees the issuance of other permits. The permit holder is responsible for o	hacking with appropriate governing hadies in	ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of	changes. The Improvement Permit shall not be affected by a change in ow	nership of the site. This permit is subject to c	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit	The same and the parties of the same as th	omphanice with the provisions of
	Construction Authorization		
The construction and installation requirements of Rules 1950 1957 19	(Required for Building Permit) 954, .1955, .1956, .1957, .1958. and .1959 are incorporated by reference	an instability and the left to the control of the	
with the attached system lavour		s into this permit and shall be met. Systems s	shall be installed in accordance
Carol P. Mcbee			
ISSUED TO: Robot Darle Mc &	PROPERTY LOCATION:	Willis Pope Rd C	SIL 1548)
	SUBDIVISION		LOT # /
Facility Type: 302 2818441 SWMH	New 🗆 Expansion 🗆 Repair		
Basement?  Yes No Basement Fixt	tures? 🗆 Yes 🗆 No		
Type of Wastewater System**	reduction 5/5tem	(Initial) Wastewater Flow	360 GPD
(See note below, if applicable   )		(	OI D
25% R-de	ction Sys, (Repair)		
Installation Requirements/Conditions	Number of trenches 3		
Septic Tank Size / COO gallons	Exact length of each trench feet	Trench Spacing:	Fast on Comton
Pump Tank Size gallons	Trenches shall be installed on contour at a		
rump rank size ganons			nches
	Maximum Trench Depth of: 04 inches	1	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	m)
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM		inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST R	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REDAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DAIN FIELD ADEA	KLI AIK AKLA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELD AKEA.		
**If applicable: / understand the system type specified	is different from the type specified on the application	n. I accept the specifications of th	nis permit.
	"	, ,	,
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not	be transferred when there is a change in own	nership 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 condi-	tions of this permit. SFF A	TTACHED SITE SKETCH
	2	, , , , , , , , , , , , , , , , , , ,	The same of the sa
Authorized State Agent:	En Jumpselle North	12/12/12/15	Z
	Date:	100/00/0017	
ANDAGE (WAA	Construction Authorization Expiration	Date: 12/106/202	10

## Harnett County Department of Public Health Site Sketch

Card	P. Mcbee	PROPERTY LOCATION: WILL'S PORE Rd (SOL 1548)		
ISSUED TO: Robert	Darle Mibee	SUBDIVISION Carel P. ncbee LOT # 1		
Authorized State Agent: Date: 12/01/2017				

\*Orive way shall Not be located in septic area

