HTE# <u>10-5-25197</u>	Harnett County Department of Public Health	

Improvement Permit

26301

_____ inches total

ISSUED TO: <u>Gary Robinson Homes</u> Facility Type: <u>SFD</u> Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** <u>2590 Reduction System</u> See note below, if applicable] <u>2590 Reduction System</u> (Repair)	ISSUED TO CONTRACT RULE OF				
REW ID . EXPANSION ID Starson Type of Structure:		I FRUPERIT LU	CATION: <u>v. re</u>		
REW B IEPAR B . EXPANSION Strain Signame Type of Structure: Strain Signame Strain Signame Site Improvements required prior to Construction Authorization Issuance: Type of Vater stewater System Type: Strain Signame Site Improvements required prior to Construction Authorization Issuance: Projected Daily Flow: Strain Signame GPD Number of Occupants: max Basement Windber of Occupants: max Permit conditions: No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Permit conditions: No May be required to the permit solar of other permit bider is repossible for thecking with appropriate governing bodies in meeting their requirements. This is aubtor to require and bigsaal and to conditions of this permit. No expiration Authorized State Agent:: Construction Authorization Stee ATTACHED SITE SKETCH The is subset to requirements of Bules. 1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. System shall be installed in accordance SUBDIVISION Kearlan Farms LOT # 31 Interview System System Signame Fix the elevance? Yes No SUBDIVISION </td <td></td> <td>Manes SUBDIVISION</td> <td>Kenlan</td> <td>farmr</td> <td>LOT # 31</td>		Manes SUBDIVISION	Kenlan	farmr	LOT # 31
Proposed Wastewater System Type: <u>257</u> , <u>Reduction System</u> Projected Daily Flow: <u>360</u> GPD Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> Pump Required: <u>Yes</u> <u>No</u> <u>May be required based on final location and elevations of facilities Type of Water Supply: <u>Community</u> <u>Public</u> <u>Well</u> Distance from well <u>feet</u> <u>Permit valid for</u>: <u>Five years</u> <u>Permit conditions:</u> <u>No expiration</u> <u>Authorized State Agent:</u> <u>No May be required based on final location and elevations of facilities</u> <u>Authorized State Agent:</u> <u>No expiration</u> <u>Authorized State Agent:</u> <u>No May be required based on final location and elevations of facilities</u> <u>Authorized State Agent:</u> <u>No expiration</u> <u>Construction Authorized State Agent:</u> <u>No expiration</u> <u>Inte issuance of this permit by file Heidh Department in on way guarantees the issuance of other permits. The permit holder is reponsible for checking with appropriate givening bodies in meeting their requirements. This is is subject to revection if the site plan, plat, or the intended use change. The Improvement Permit shall not be affected by a change in ownership of the site. This permit and Dioposal and to conditions of this permit. <u>Construction Authorization</u> <u>(Required for Building Permit)</u> The construction and installation requirements of Rules. 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layou. ISSUED TO: <u>Corry Robinson Homes</u> <u>PROPERTY LOCATION: <u>Size RL</u>. SUBDIVISION <u>Kealan Forms</u> LOT # <u>31</u> Facility Type: <u>SFD</u> <u>No</u> <u>Basement Fixtures?</u> Yes <u>No</u> See note below, if applicable <u>Size Reduction System</u> (Repair)</u></u></u>			Site Improvements r	equired prior to Construction Author	rization Issuance:
Projected Daily Flow: <u>3</u> GO GPD Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max Basement <u>1</u> Yes <u>No</u> Pup Required: <u>1</u> Yes <u>No</u> <u>May be required based on final location and elevations of facilities Type of Water Supply: <u>1</u> Community <u>1</u> Public <u>1</u> Well <u>Distance from well <u>feet</u> <u>Permit valid for</u>. <u>1</u> Five years Permit conditions: <u>1</u> No expiration Authorized State Agent: <u>10/29/20/0</u> <u>SEE ATTACHED SITE SKETCH</u> The issuance of this permit by the Health Department in no way guarantees the issuance of other permit shall not be affected by a change in ownership of the site. This permit 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. 1 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 permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: <u>Carry Robinson Homes</u> PROPERTY LOCATION: <u>100 Regain</u> LOT # <u>31</u> Facility Type: <u>540</u> No Basement Fixtures? <u>1956</u> No Type of Wastewater System[*] <u>2576 Reduction</u> System No See note below, if applicable] See note below, if applicable])</u></u>	Type of Structure: $3 + 0 + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3 < x + 3$	1. 51			
Number of bedrooms:	Projosed Wastewater System Type: <u>A. J. Ked</u>	action system			
Basement □Yes □No □May be required based on final location and elevations of facilities 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 Authorized State Agent::					
Pump Required: $[Yes] No $ $May be required based on final location and elevations of facilities Type of Water Supply: \Box Community Public Well Distance from well feet Permit valid for: \Box Five years Permit conditions: No expiration Authorized State Agent: M_{acc} AcHT Date: 10/29/20/0 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits hall not be affected by a change in ownership of the site. This permit is subject to revocation if the site plan, plat, or the intended us changes. The improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the zero and Rules for Sewage Treatment and Disposal and to conditions of this permit. The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, .1957, .1958,$		ccupants: <u> </u>			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
Permit conditions:	Type of Water Supply: Community II Public	equired based on final location and ele	vations of facilities		
Authorized State Agent:: Miles Miles Miles Date: 10/29/20/0 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Operatment in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 permit and shall be met. Systems shall be installed in accordance with the attached system layout. SUBDIVISION Kentlan Fequire SUBDIVISION Kentlan Fequire Facility Type: SEE No Basement? Yes No State Agent:: 25 Yo Reduct on System		well Distance from well	feet	Permit valid for:	,
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 governing 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 is subject to compliance with the provisions of the provisions of the provisions of this permit. <u>Construction Authorization</u> <u>(Required for Building Permit)</u> The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: <u>Corry Robinson Homes</u> PROPERTY LOCATION: <u>Support Robinson</u> LOT # 31 Facility Type: <u>SFD</u> No Basement Fixtures? Yes No Basement? Yes No Basement Fixtures? Yes No Support of Wastewater System* <u>Sofo</u> Reduction System System (Initial) Wastewater Flow: <u>360</u> GPD See note below, if applicable []) <u>Astro-Reduction System</u> (Repair)					No expiration
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 governing 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 is subject to compliance with the provisions of the provisions of the provisions of this permit. <u>Construction Authorization</u> <u>(Required for Building Permit)</u> The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: <u>Corry Robinson Homes</u> PROPERTY LOCATION: <u>Support Robinson</u> LOT # 31 Facility Type: <u>SFD</u> No Basement Fixtures? Yes No Basement? Yes No Basement Fixtures? Yes No Support of Wastewater System* <u>Sofo</u> Reduction System System (Initial) Wastewater Flow: <u>360</u> GPD See note below, if applicable []) <u>Astro-Reduction System</u> (Repair)	1				
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 governing 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 is subject to compliance with the provisions of the provisions of the provisions of this permit. <u>Construction Authorization</u> <u>(Required for Building Permit)</u> The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: <u>Corry Robinson Homes</u> PROPERTY LOCATION: <u>Support Robinson</u> LOT # 31 Facility Type: <u>SFD</u> No Basement Fixtures? Yes No Basement? Yes No Basement Fixtures? Yes No Support of Wastewater System* <u>Sofo</u> Reduction System System (Initial) Wastewater Flow: <u>360</u> GPD See note below, if applicable []) <u>Astro-Reduction System</u> (Repair)	Authorized State Agent - Sugar MS	in Richt Daw	10/20/		
Intermeted on the minimum of the minimum of the struction is 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 permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO:	The issuance of this permit by the Health Department in no way gu	arantees the issuance of other nermits. The nerm	nit holder is responsible for d	SEE ATT	ACHED SITE SKETCH
ISSUED TO: Gary Robinson Homes PROPERTY LOCATION: Dire Rd. SUBDIVISION Kenlan Farms Facility Type: SFD Prove Expansion Required for Building Permit, Model of the system layout.	and is subject to rerocation in the site plan, plat, of the interfueu th	se changes. The improvement remnit shall not hi	affected by a change in own	ecking with appropriate governing bodies in ershin of the site. This permit is subject to	meeting their requirements. This
(Required for Building Permit) (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layou. ISSUED TO:	the Laws and Rules for Sewage Treatment and Disposal and to cond	itions of this permit.	.,	erange of the site. This permit is subject to	compliance with the provisions of
(Required for Building Permit) (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layou. ISSUED TO:	·				
(Required for Building Permit) (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layou. ISSUED TO:		Construction A	Ithorization		
The construction and installation requirements of Rules . 1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: <u>Gary Robinson Homes</u> PROPERTY LOCATION: <u>Wire Rd</u> . SUBDIVISION <u>Kenlan Forms</u> LOT # 31 Facility Type: <u>SFD</u> IN New Expansion Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** <u>2570 Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD See note below, if applicable []) <u>2570 Reduction System</u> (Repair)					
ISSUED TO: <u>Gary Robinson Homes</u> Facility Type: <u>SFD</u> Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** <u>2590 Reduction System</u> See note below, if applicable] <u>2570 Reduction System</u> (Repair)	The construction and installation requirements of Pulse 1000 100	(Required for Build	ding Permit)		
Facility Type: SFD SUBDIVISION Kentan Farms LOT # 31 Facility Type: SFD New Expansion Repair Basement? Yes No Basement Fixtures? Yes No Fype of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD See note below, if applicable 35% Reduction System (Repair)	with the attached system layout.	, 1754, 1755, 1756, 1957, 1958. and 1959	are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
Facility Type: SFD SUBDIVISION Kentan Farms LOT # 31 Facility Type: SFD New Expansion Repair Basement? Yes No Basement Fixtures? Yes No Fype of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD See note below, if applicable 35% Reduction System (Repair)	C RI	,1		<u>_</u>	
Basement? I Yes I No Basement Fixtures? I Yes I No [ype of Wastewater System** <u>25% Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD [see note below, if applicable]) <u>25% Reduction System</u> (Repair)	ISSUED TO: Vary Robinson	Homes PROPERT	y location:	ire Rd.	
Basement? I Yes I No Basement Fixtures? I Yes I No [ype of Wastewater System** <u>25% Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD [see note below, if applicable]) <u>25% Reduction System</u> (Repair)	0	SUBDIVIS	ION Kentan	Farms	
Basement? [] Yes [] No Basement Fixtures? [] Yes [] No [ype of Wastewater System** <u>2590 Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD [See note below, if applicable []) <u>2590 Reduction System</u> (Repair)	Facility Type: <u>SFD</u>				101 # 37
Type of Wastewater System** <u>2590 Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD (See note below, if applicable) <u>2590 Reduction System</u> (Repair)		🗹 New 🔲 Expar	ision 🗌 Renair		LOT # <u>31</u>
see note below, it applicable []) <u>2570 Reduction System</u> (Repair)	Basement? 🗆 Yes 🗹 No Basement F	ixtures? Ves No	ision 🗋 Repair		
25% Reduction System (Repair)	Basement? ☐ Yes ☑ No Basement F Type of Wastewater System** → S % R	ixtures? Ves No	ision 🗋 Repair		
	Type of Wastewater System** _25% /C	ixtures? [] Yes [] No Reduction System	ision 🗆 Repair		
ASTAUATION REGISTEREDTS/LANDITIONS Number of transferrer f	Type of Wastewater System** _25% /C	ixtures? [] Yes [] No Reduction System	ision 🗆 Repair		
	Type of Wastewater System** $257.R$ (See note below, if applicable \Box) 257.R	E New Expan Extreme Expansion System Eduction System	ision 🗆 Repair		
Pump Tank Gran and Tank a	Type of Wastewater System** $257.R$ (See note below, if applicable \Box) (See note below, if applicable \Box) (See note below, if applicable \Box)	ixtures? □ Yes □ No eduction System Number of trenches _ 2	ision 🗆 Repair (Repair)	(Initial) Wastewater Flow:	3 <u>(0</u> GPD
Solit Cover	Type of Wastewater System** <u>→57, R</u> (See note below, if applicable □) <u>→57, R</u> Installation Requirements/Conditions Septic Tank Size <u>/000</u> gallons	ixtures? □ Yes □ No eduction System Number of trenches Exact length of each trench	ision □ Repair _(Repair) feet	(Initial) Wastewater Flow:-	Feet on Center
	Type of Wastewater System** $257.R$ (See note below, if applicable \Box) (See note below, if applicable \Box) (See note below, if applicable \Box)	ixtures? □ Yes □ No eduction System Number of trenches Exact length of each trench Trenches shall be installed on c	Ision C Repair (Repair) CO feet iontour at a	(Initial) Wastewater Flow:- Trench Spacing:9 Soil Cover:22 ir	Feet on Center nches
(Trench bottoms shall be level to $+/-1/4$ " 36" above the trench bottom)	Type of Wastewater System** <u>→57, R</u> (See note below, if applicable □) <u>→57, R</u> Installation Requirements/Conditions Septic Tank Size <u>/000</u> gallons	L New □ Expar Expar Extremed of the System Number of trenches Exact length of each trench Trenches shall be installed on of Maximum Trench Depth of:	Ision □ Repair _(Repair) feet ontour at a inches	(Initial) Wastewater Flow:- Trench Spacing:9 Soil Cover:22 ir	Feet on Center nches
in all directions)	Type of Wastewater System** <u>→57, R</u> (See note below, if applicable □) <u>→57, R</u> Installation Requirements/Conditions Septic Tank Size <u>/000</u> gallons	L New □ Expar Expar Extremed of the System Number of trenches Exact length of each trench Trenches shall be installed on of Maximum Trench Depth of:	Ision □ Repair _(Repair) feet ontour at a inches	(Initial) Wastewater Flow: Trench Spacing:? Soil Cover:? ir (Maximum soil cover shall no	Feet on Center nches ot exceed
	Type of Wastewater System** <u>→ 5 7 . R</u> (See note below, if applicable □) <u>→ 7 . Re</u> <u>Installation Requirements/Conditions</u> Septic Tank Size <u>/OOO</u> gallons Pump Tank Size gallons	L New L Expan Expanding Expanding Expanding Expanding Expanding Expanding Expanding Exact length of each trench Exact length of each trench Exact length of each trench Trenches shall be installed on co Maximum Trench Depth of: (Trench bottoms shall be level in in all directions)	Ision □ Repair _(Repair) feet ontour at a inches	(Initial) Wastewater Flow: Trench Spacing:? Soil Cover:? ir (Maximum soil cover shall no	Feet on Center nches ot exceed
unip nequirements:ft. IDM vs GPM inches helow nine	Type of Wastewater System** <u>→57, R</u> (See note below, if applicable □) <u>→57, R</u> Installation Requirements/Conditions Septic Tank Size <u>/000</u> gallons	L New L Expan Expanding Expanding Expanding Expanding Expanding Expanding Expanding Exact length of each trench Exact length of each trench Exact length of each trench Trenches shall be installed on co Maximum Trench Depth of: (Trench bottoms shall be level in in all directions)	Ision □ Repair _(Repair) feet ontour at a inches	(Initial) Wastewater Flow: Trench Spacing:? Soil Cover:? ir (Maximum soil cover shall no	Feet on Center nches ot exceed om)
ump Requirements:ft. TDH vs GPM inches below pipe	Type of Wastewater System** <u>2592 R</u> (See note below, if applicable □) <u>2572 Re</u> <u>Installation Requirements/Conditions</u> Septic Tank Size <u>/000</u> gallons Pump Tank Size gallons	L New L Expan Expanding Expanding Expanding Expanding Expanding Expanding Expanding Exact length of each trench Exact length of each trench Exact length of each trench Trenches shall be installed on co Maximum Trench Depth of: (Trench bottoms shall be level in in all directions)	Ision □ Repair _(Repair) feet ontour at a inches	(Initial) Wastewater Flow: Trench Spacing:? Soil Cover:? ir (Maximum soil cover shall no	Feet on Center nches ot exceed om)

Conditions: Maintain all setbucks

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.

**If applicable: I understand the system type specified is different from the type specified 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 Construction 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 Disposal and to the conditions of this permit.
Authorized State Agent: June Marine REHS Date: 10 /29/2010 Construction Authorization Expiration Date: 10 /29/2015

HTE# 10-5-25197 Permit # 2630/ Harnett County Department of Public Health Site Sketch ISSUED TO: Crary Robinson Hones SUBDIVISION Kenton Forms LOT # 21 Authorized State Agent Sugar 12 sin REHS Date: 10/25/2010

