## Harnett County Department of Public Health

29780

Improvement Permit

A building permit ca	not be issued with only an Improvement		5
1.2011	PROPERTY LOCATION: 133 E	auton Dr. Cold Stope	71.70)
ISSUED TO: Wellow neality Inc.		d woods	
NEW REPAIR EXPANSION	Site Improvements requ	uired prior to Construction Authorization Issu	uance:
Type of Structure: 382 CO'×45' 5=5	_		
Proposed Wastewater System Type: 25% Reduction 578	<u> </u>		
Projected Daily Flow: 360 GPD  Number of bedrooms: 3 Number of Occupants: 6			
Number of bedrooms: Number of Occupants: Basement □ Yes □ No	_max		
Pump Required: ☐ Yes ☐ No ☐ May be required based on final	location and elevations of facilities		
Type of Water Supply:   Community Public Well Dist		Permit valid for:	tve years
Permit conditions:			o expiration
110			
Authorized State Agent::	5 Date: 13/31/3	SEE ATTACHED SIT	E SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o	er permits. The permit holder is responsible for cher	king with appropriate governing bodies in meeting the	eir requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	t Permit shall not be affected by a change in owner	ship 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.			
Cons	ruction Authorization		
(1	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19		into this permit and shall be met. Systems shall be ins	stalled in accordance
with the attached system layout.			
ICCUED TO: 1-2011-00 0 1:1 - 3	DRODERTY LOCATION: 172	- 1 - 100 -	4 1-
ISSUED TO: Wellons nearlity Inc.	PROPERTY LOCATION: 133	Enton Dr. Lold Star	(L)
	-	d woods I	11 # <u>33</u>
Facility Type: 381 CO'x 45' STO	The second secon		
Basement?  Yes  Basement Fixtures?  Yes	□ No	2	
Type of Wastewater System** Pomp to 25%	red. System	(Initial) Wastewater Flow: _366	O GPD
(See note below, if applicable   )			
Installation Requirements/Conditions  Number of tree	(Repair)		
Installation Requirements/Conditions Number of tre	iches 3		
Septic Tank Size 1000 gallons Exact length of	each trench SO feet	Trench Spacing: Feet on	Center
	be installed on contour at a	Soil Cover: inches	
Spillearesco Control C	th Depth of: <u>22</u> inches	(Maximum soil cover shall not excee	ed
	s shall be level to +/-1/4"	36" above the trench bottom)	
in all direction		30 above the trench bottom)	
Pump Requirements: ft. TDH vs GPM	9	:	achae halaw nina
rullip kequirellelitsit. IDN VS Gri			nches below pipe
6 P.		Aggregate Depth: i	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYSTEM OR F	(EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AF	EA.		
**If and inclination I understand the custom time energical is different fro	the time specified on the application	I account the energifications of this porm	wit .
**If applicable: I understand the system type specified is different from	the type specified on the application.	r accept the specifications of this periff	IIL.
0 1 1 1 2 2 2 2		D	
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: Date: 12/21/2017			
ANDREW LUNAIN Construction Authorization Expiration Date: 12/21/2023			

## Harnett County Department of Public Health Site Sketch

