Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: Land	Road (SR 1802)
ISSUED TO: SORRY Godwin	SUBDIVISION	LOT # 1_
NEW ☐ REPAIR ☐ EXPANSION ☐	Site Improvements requi	red prior to Construction Authorization Issuance:
Type of Structure: 3BR 48 × 43 1 5 =		1
Proposed Wastewater System Type: 25% nedx	LIDA SIS,	
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants:	C max	
Basement Yes No		
Pump Required: ☐Yes ☐ No ☐ May be required	ased on final location and elevations of facilities	
Type of Water Supply: Community Public		Permit valid for: Five years
Permit conditions:	**************************************	☐ No expiration
	9	
	W, 1645 Date: 02/26/	
The issuance of this permit by the Health Department in no way guarantees t		
site is subject to revocation if the site plan, plat, or the intended use changes		hip 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 t	nis permit	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .		to this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		
		0 1 (60 1000)
ISSUED TO: Sonny Godwin	PROPERTY LOCATION:	the ILoad Core 1800)
200 1/6 1 1/2 1 = ==	SUBDIVISION	LOT #
Facility Type: 382 48 x 43' 5 55	□ New □ Expansion □ Repair	
Basement? Yes No Basement Fixtures		
Type of Wastewater System** 35%	reduction system	(Initial) Wastewater Flow: 366 GPD
(See note below, if applicable □)	0	
	xtion 3,5. (Repair)	
Installation Requirements/Conditions No.	imber of trenches 3	
	act length of each trench feet	Trench Spacing: Feet on Center
		Soil Cover: inches
	aximum Trench Depth of:1 8 inches	
(T	rench bottoms shall be level to +/-1/4"	36" above the trench bottom)
in	all directions)	
Pump Requirements:ft. TDH vs G	PM	inches below pipe
		Aggregate Depth: NA inches above pipe
Conditions: On Contour D. Box	Equal Distribution Res	oved Na inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 1	OFT FROM ANY DART OF CERTIC CYCTEM OR DE	FRAIR AREA
WATER LINES (INCLUDING IRRIGATION) MUST BE 1		EPAIK AKEA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAI	N FIELD AREA.	
**If applicable: I understand the system type specified is	different from the type specified on the application	I accent the specifications of this permit.
in appreciate. I anderstand the system type specimed is	american from the type specified on the appreciation	r accept the specimentons of this permit
Owner/Legal Penrocentative Signatures		Data
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat,	and the instantial are about The Construction Authorization shall not be	Date:
		CEE ATTACHED CITE CUETCH
Construction Authorization is subject to compliance with the provisions of the	Laws and rules for sewage freatment and Disposal and to the condition	ns of this permit. SEE ATTACHED SHE SKETCH
		02/26/2019
Authorized State Agent:	Date:	
A 150 = 130 100	Construction Authorization Expiration Da	nte: 02/36/2083

Harnett County Department of Public Health Site Sketch

