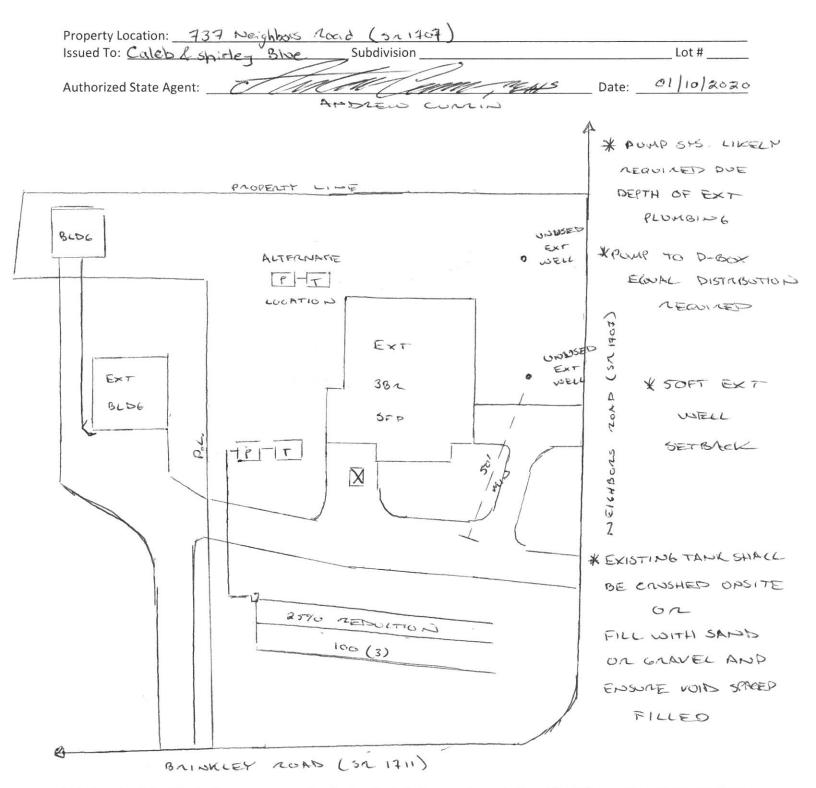
## Harnett County Department of Public Health

Improvement Permit

P Dunuing Perint California	ROPERTY LOCATION: 737 Neighbors road (51707)
ISSUED TO: Calebd. Shirter Blue	UBDIVISION LOT #
ISSUED TO: Caleb & Shirtey Bloe  NEW REPAIR D EXPANSION D	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: Ext 3-Bedsoom STD	
Proposed Wastewater System Type: Pong to 25% rus. 55.	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: ma	ax .
Basement Yes No	
Pump Required Res No May be required based on final loca	
Type of Water Supply: Community Public Well Distance	from well feet Permit valid for: Eive years No expiration
Permit conditions:	Mo expiration
Authorized State Agent::	Date: 01/10/2000 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other pe	ermits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This mit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construc	ction Authorization
(Requir	red for Building Permit)
with the attached system layout.	158, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Caleb & Shirtey Blue	PROPERTY LOCATION: 737 Neighbors Acad (Sn 1407)  SUBDIVISION LOT #
	SUBDIVISION LOT #
racility Type: Ext 30/2 31 7 New	Li Expansion
	No State of the St
	whe (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )	(0)
Pump to 25% reduct:	
Installation Requirements/Conditions  Number of trenches	
Maximum Trench Do	1 2000 Major 1 200
,	all be level to +/-1/4" 36" above the trench bottom)
in all directions)	A.A.
Pump Requirements:ft. TDH vsGPM	inches below pipe
CALL DO BOY END DO	Aggregate Depth: inches above pipe
Conditions: Pump to D-Box Equal Dist	cibation required NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY	DADT OF CEDTIC CYCTCAA OD DEDAID ADEA
	FAKT OF SEFTIC STSTEM OK KEFAIK AKEA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If applicable: 1 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:
	ages. 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 Bules for Sewi	
	1 40.11
Authorized State Agent:	Date: 01/10/2020
ANTONEW WARIN CONSTRUCT	tion Authorization Expiration Date: SI 10/2025

## Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.