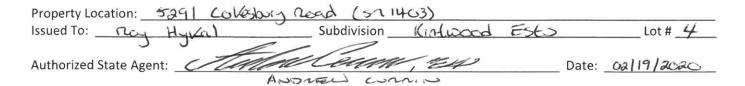
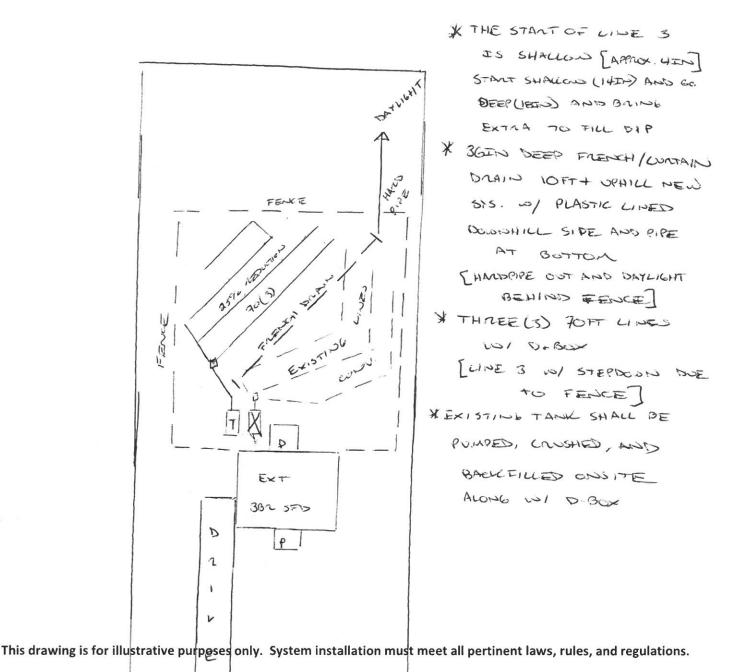
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be i	issued with only an Improvement Permit
ISSUED TO: Ray Hykal SUBDI	RTY LOCATION: 5291 colesby Road (52 1403)
ISSUED TO: ICCY HYVCLI SUBDI	WISION Kintuard Ests 101#4
NEW REPAIR X EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: Ext SFD	
Proposed Wastewater System Type: 25% red ton 35.	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes No	
Pump Required: Mes No May be required based on final location	and elevations of facilities
Type of Water Supply: Community Public Well Distance from	
	No expiration
Permit conditions:	но ехрианоп
The same is	CEE ATTICUED CITE CHETCH
Authorized State Agent::	
	The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	hall 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.	
Construction	on Authorization
	for Building Permit)
	nd .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	.10 .1739 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
School Company	
ISSUED TO: Ray Hykal P	ROPERTY LOCATION: 5291 CONSOLUTIONS (ST. 1463) UBDIVISION Kintuccia Esto LOT # 4
1003 13	HIDDIVICION Kind Fats 101 # 4
· · · · <u>_</u>	
Basement? Yes No Basement Fixtures? Yes No	0
Type of Wastewater System** Not Applicab	(Initial) Wastewater Flow: 366 GPD
(See note below, if applicable)	
25% reduction 30 teas	(Renair)
The state of the s	
Septic Tank Size 1000 gallons Exact length of each tr	
Pump Tank Sizegallons Trenches shall be install	
Maximum Trench Depth	of:inches (Maximum soil cover shall not exceed
(Trench bottoms shall b	
in all directions)	
to the second se	NA index below size
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: No inches above pipe
Conditions: Gravity to D-Box Equal Distribu	view & French Orcain NA inches total
<u> </u>	
WATER LINES (INCLUDING IRRIGATION) MILET DE 10ET EROM ANY PA	DT OF CEDTIC CYCTEM OD DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PA	AT OF SEFIIC STSTEM OR REFAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If applicable: 1 understand the system type specified is different from the typ	a specified on the application I account the specifications of this parmit
Il applicable. I understand the system type specified is officient from the typ	e specified on the application. Taccept 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 Tr	reatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
	>
Additional to the state of the	1/2 Nato: 0 2 119 1 2020
Authorized State Agent:	Authorization Francisco Date: 02/19/2025
	Authorization Evolution Date: 02 119 2025

Harnett County Department of Public Health Site Sketch





(ST HUS)