Harnett County Department of Public Health

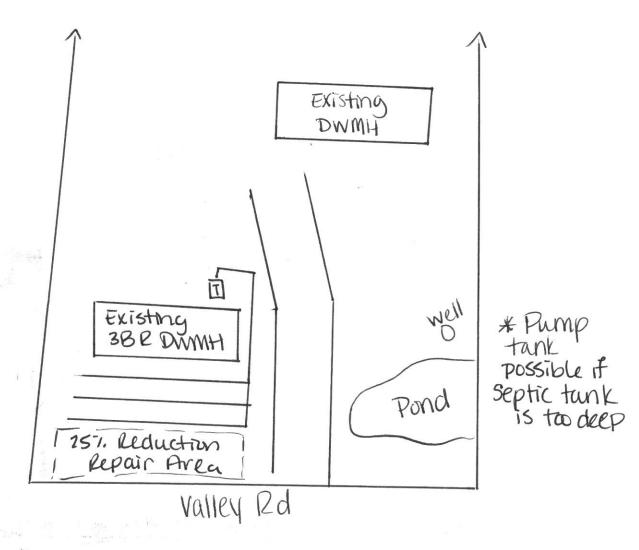
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 141 Vall	ey Rd, Spring Lake	
ISSUED TO: Jessica Richardson	SUBDIVISION		LOT #
NEW ☐ REPAIR ☒ EXPANSION ☐	Site Improvements	required prior to Construction Auth	orization Issuance:
Type of Structure: Existing DWMH			
Proposed Wastewater System Type: 25% Reduction			
Projected Daily Flow: 360 GPD			
	max		
Basement Yes No			
Pump Required: Yes No May be required based on final lo			_
Type of Water Supply: Community 🗵 Public 🗌 Well Distance	e from well 50 feet	Permit valid for:	✓ Five years
Permit conditions:			No expiration
Manda BALLA CENST	Date: 3/10/2020	CFT. A	ETACHED SITE SVETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other			TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P	ermit shall not be affected by a change in or	whership 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	,	, , , , , , , , , , , , , , , , , , , ,	
Constru	iction Authorization		
	pired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .		es into this permit and shall be met System	ms shall be installed in accordance
with the attached system layout.	The and the are medipolated by retreme	es mo this perime and shall be met. System	ns shan be instance in accordance
Issains Dishandara	7.11	V. II. D. G. I. I.	· · · · · · · · · · · · · · · · · · ·
ISSUED TO: Jessica Richardson		Valley Rd, Spring L	.ake
	SUBDIVISION		LOT #
Facility Type: Existing DWMH New	□ Expansion	r	
Basement? Yes 🗵 No Basement Fixtures? 🗌 Yes	⊠ No		
Type of Wastewater System** 25% Reduction		(Initial) Wastewater Flow	: 360 GPD
(See note below, if applicable)			
25% Reduction	(Repair)		
Installation Requirements/Conditions Number of trenche			
Septic Tank Size 1000 gallons Exact length of ea		Trench Spacing: 9	Fact on Center
	installed on contour at a	Soil Cover: 6	inches
		STREET Weething Daw	
Maximum Trench			
,	hall be level to +/-1/4"	36" above the trench bo	ttom)
in all directions)			
Pump Requirements:ft. TDH vsGPM		0	inches below pipe
			Annual Control of Control of Control
		Aggregate Depth:	inches above pipe
Conditions: Pump possible due to the depth of the	septic tank	Aggregate Depth:	inches above pipe inches total
Conditions: Pump possible due to the depth of the	septic tank	Aggregate Depth:	
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	Y PART OF SEPTIC SYSTEM OR		
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	Y PART OF SEPTIC SYSTEM OR	REPAIR AREA.	inches total
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VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN 10 UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. 1 In applicable: 1 understand the system type specified is different from the sy	Y PART OF SEPTIC SYSTEM OR	REPAIR AREA.	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. Owner/Legal Representative Signature:	Y PART OF SEPTIC SYSTEM OR te type specified on the application	REPAIR AREA. In 1 accept the specifications of	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. "*If applicable: I understand the system type specified is different from the Dwner/Legal Representative Signature: his Construction Authorization is subject to revocation if the site plan, plat, or the intended use the	Y PART OF SEPTIC SYSTEM OR The type specified on the application The construction Authorization shall not	REPAIR AREA. In. I accept the specifications of Date: t be transferred when there is a change in	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. Owner/Legal Representative Signature:	Y PART OF SEPTIC SYSTEM OR The type specified on the application The construction Authorization shall not	REPAIR AREA. In. I accept the specifications of Date: t be transferred when there is a change in	inches total
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WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the observation of the site plan, plat, or the intended use choostruction Authorization is subject to compliance with the provisions of the Laws and Rules for Security Authorized State Agent:	Y PART OF SEPTIC SYSTEM OR the type specified on the application anges. The Construction Authorization shall not wage Treatment and Disposal and to the conditions.	REPAIR AREA. In. 1 accept the specifications of Date: t be transferred when there is a change in litions of this permit. SEE 3/10/2020	this permit.

Harnett County Department of Public Health Site Sketch

Property Location: THE VAILEY R. C. SOMY Lake	
Issued To: Jestica Richardson Subdivision	Lot #
Authorized State Agent: BABAAAAFT	Date: 3 10 2020



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