Harnett County Department of Public Health

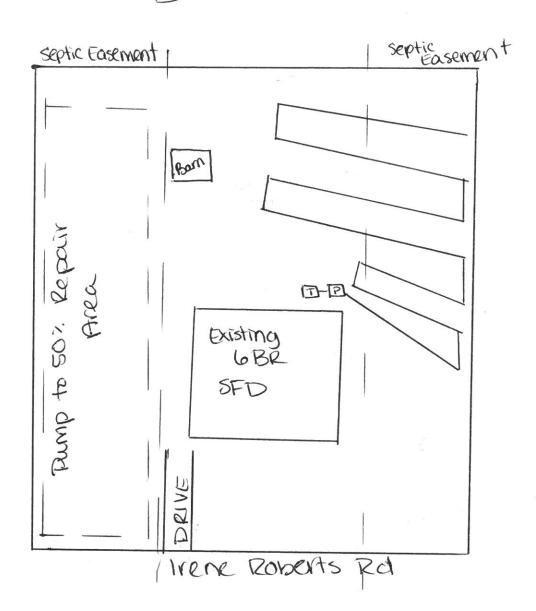
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Robert Tucker NEW REPAIR EXPANSION Type of Structure: Existing sfd Proposed Wastewater System Type: Pump to 50% Reduction Projected Daily Flow: 720 GPD Number of bedrooms: 6 Number of Occupants: 12 Basement Yes No Pump Required: Yes No May be required based on final lo Type of Water Supply: Community Public Well Distance Permit conditions: Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other	tation and elevations of facilities e from well feet	
site is subject to revocation if the site plan, plan, or the intended use changes. The Improvement Permit shall 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 Authorization. (Required for Building Permit) The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.		
ISSUED TO: Robert Tucker	PROPERTY LOCATION: 132 Irene Roberts Rd, Lillington	
Type of Wastewater System** Pump to 50% Reduction (See note below, if applicable) Pump to 50% Reduction Installation Requirements/Conditions Number of trench	n (Repair)	
Pump Tank Size 1500 gallons Trenches shall be Maximum Trench (Trench bottoms s in all directions)	Installed on contour at a soil Cover: 6 inches Depth of: 18-30 inches (Maximum soil cover shall not exceed hall be level to +/-1/4" 36" above the trench bottom)	
Pump Requirements:ft. TDH vsGPM Conditions:	Aggregate Depth: inches below pipe inches above pipe inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.		
**If applicable: _! understand the system type specified is different from the type specified on the application. accept the specifications of this permit. Owner/Legal Representative Signature:		
	anges. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This wage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: BARA REHS-T Date: 7/30/2020 Construction Authorization Expiration Date: 9/10/2020		

Harnett County Department of Public Health Site Sketch

Property Location: 132 IVENC ROBERTS Rd 14 Mington Issued To: ROBERT TUCKER Subdivision	
Issued To: KOPERT TUCKOR Subdivision	Lot #
Authorized State Agent:	Date: 7 30 2020



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