## Harnett County Department of Public Health

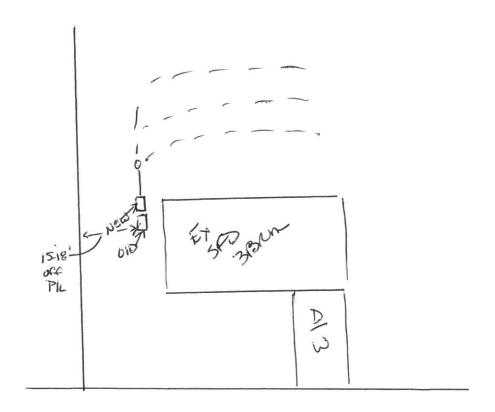
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

| ISSUED TO: Robert, Lambert   | PROPERTY LOCATION SO 1435 WEDDGWAING RD  |
|--|--|
| NEW REPAIR E EXPANSION   | SUBDIVISION Abam's Po-star LOT # 3  Site Improvements required prior to Construction Authorization Issuance:   |
| Type of Structure: Fx SFS  |  |
| Proposed Wastewater System Type: Trok only   | _  |
| Projected Daily Flow: 360 GPD  |  |
| Number of Dedrooms: 3 Number of Occupants: 6   | max  |
| Pump Required: Yes No May be required based on final lo  | ocation and elevations of facilities   |
|  | oce from wellfeet Permit valid for: 🔲 Five years   |
| Permit conditions:   | No expiration  |
| À 1  | STAR.  |
| Authorized State Agenti James Markant  | Date: 4-22-20 SEE ATTACHED SITE SKETCH   |
| The issuance of this permit by the Health Department in no way guarantees the issuance of other  | r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This   |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.   | Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of   |
|  |  |
| Constru  | uction Authorization   |
|  | uired for Building Permit)   |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.   | .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance  |
| 15SUED TO: Robert Compart  | 21   |
| ISSUED TO: 100 Jent Campens  | PROPERTY LOCATION: SA1439 WED I) GAWING POS<br>SUBDIVISION ADAMS POTNE LOT # 3   |
| Facility Type: Fyo 5FD New   | Expansion Repair   |
| Basement? Yes No Basement Fixtures? Yes  | Tho  |
| Type of Wastewater System**  | (Initial) Wastewater Flow: 360 GPD   |
| (See note below, if applicable (   |  |
| TANK ONLY  | (Repair)   |
| Installation Requirements/Conditions Number of trench  | hes  |
| Septic Tank Size 1000 gallons Exact length of e  |  |
| . 0  | installed on contour at a Soil Cover:inches  |
| Maximum Trench   | The state of the s |
| in all directions)   | shall be level to +/-1/4" 36" above the trench bottom)   |
| Pump Requirements:ft. TDH vsGPM  | inches below pipe  |
|  | Angregate Denth inches above nine  |
| Conditions: TANK ONLL  | 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  | the type specified on the application. I accept 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 of<br>Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S | changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This  Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH  |
| A 1  | 1-7118   |
| Authorized State Agent and E Months  | Date: 4-22-20  |
| Constr   | Date: 4-22-20 ruction Authorization Expiration Date: 4-22-25   |
| U  |  |

## Harnett County Department of Public Health Site Sketch

| Property Location: 5/2 1439 WED DENDENG 1715   |         |                |
|--|---------|----------------|
| Property Location: TR 1439 WED DENDER TOS  Issued To: Robert Campert Subdivision Adams DENTE |         | Lot # <u>3</u> |
| Authorized State Agent & Marchan & 1227345   | Date: _ | 4-27-20        |



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