Harnett County Department of Public Health

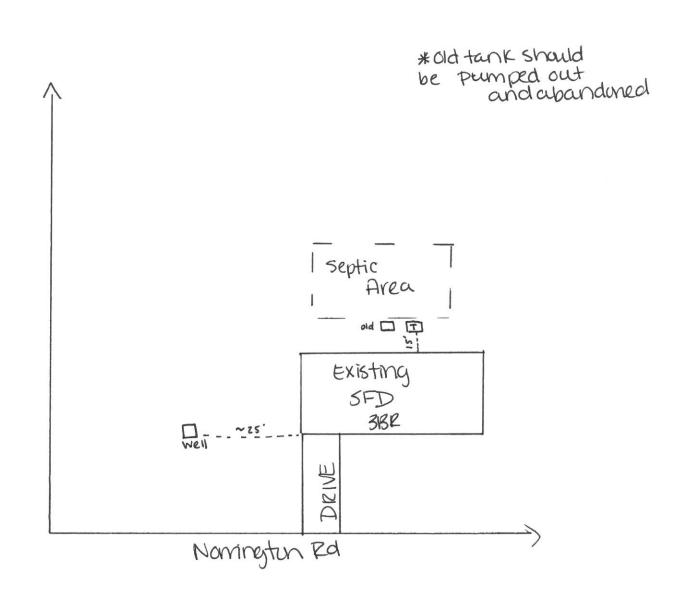
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: John Reilly NEW REPAIR EXPANSION Type of Structure: Existing SFD	SUBDIVISION		ired prior to Construction Author	LOT #			
Proposed Wastewater System Type: Existing Convening Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 Basement Tes No	max	()					
Type of Water Supply: Community Public W	ed on final location and elevations of	feet	Permit valid for:	★ Five years No expiration			
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issue is subject to revocation if the site plan, plat, or the intended use changes. The the Laws and Rules for Sewage Treatment and Disposal and to conditions of this plants.	e Improvement Permit shall not be affected by	responsible for check	king with appropriate governing bodies in				
	Construction Authori						
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 with the attached system layout.	(Required for Building Perr , .1956, .1957, .1958, and .1959 are incorpor		nto this permit and shall be met. System:	s shall be installed in accordance			
ISSUED TO: John Reilly			Norrington Rd (SR				
Facility Type: Existing SFD Basement? Yes No Basement Fixtures?	☐ New ☐ Expansion	Repair		to #			
Type of Wastewater System** Existing Conven (See note below, if applicable ()	tional (Repai	r)	(Initial) Wastewater Flow:	360 GPD			
Installation Requirements/Conditions Numb	er of trenches	. %					
	length of each trench		Trench Spacing:				
Maxim (Trend	nes shall be installed on contour a num Trench Depth of: th bottoms shall be level to +/-1/ directions)	inches	Soil Cover: (Maximum soil cover shall 36" above the trench bot	not exceed			
Pump Requirements:ft. TDH vsGPM				inches below pipe			
Conditions: Tank Only. Old tank should be	e pumped out and aba	andoned	Aggregate Depth:	inches above pipe			
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F1 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F		SYSTEM OR RE	EPAIR AREA.				
**If applicable: 1 understand the system type specified is diffe	rent from the type specified on th	he application.		this permit.			
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or thi	intended use changer. The Construction Author	rization thall not be	Date:	hyparchin of the cite. This			
Construction Authorization is subject to compliance with the provisions of the Laws	Annabia de la companio del la companio de la companio del la companio de la compa			ATTACHED SITE SKETCH			
Authorized State Agent: BAUL REHS-I Date: 5/13/2020							
Construction Authorization Expiration Date: 6/24/2020							

Harnett County Department of Public Health Site Sketch

Property Location: _	2702	Nomination	Rd	Cillination	(SR# 113	so)
Issued To: Sol	nn Reill	J Subdi	vision	Ū		Lot #
Authorized State Age	ent: <u>B</u>	A ad	EHS-I		Date: <u>_</u> 5	13/2020



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