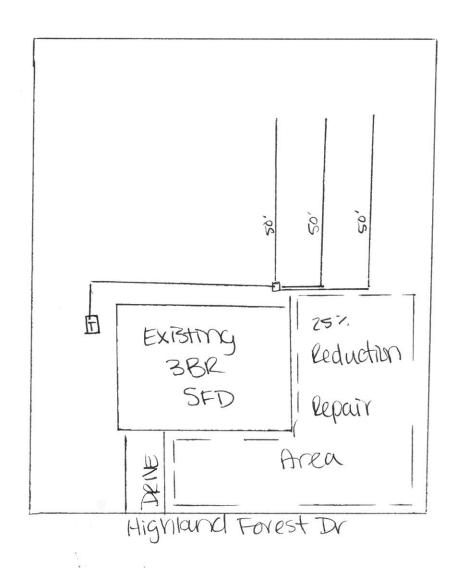
Harnett County Department of Public Health Improvement Permit A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 301 Highland Forest Dr. Sanford						
ISSUED TO: Angela Eugene	SUBDIVISION Highland Forest Lot # 41						
EW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Expansion Site Improvements required prior to Construction Authorization Issuance:							
Proposed Wastewater System Type: 25% Reduction							
Projected Daily Flow: 360 GPD							
Number of bedrooms: 3 Number of Occupants: 6	max						
Basement Yes No							
Pump Required: Yes No May be required based on final loc							
Type of Water Supply: Community Public Well Distanc							
Permit conditions:	No expiration						
011-1							
Authorized State Agent:: Dat Clare NEH'S	Date: 6/9/2020 SEE ATTACHED SITE SKETCH						
	permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of						
Constru	action Authorization						
(Requ	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						
ISSUED TO: Angela Eugene	PROPERTY LOCATION: 301 Highland Forest Dr. Sanford SUBDIVISION Highland Forest LOT # 41						
Facility Type: Existing SFD New	Expansion Repair						
	✓ No						
Type of Wastewater System** 25% Reduction	(Initial) Wastewater Flow: 360 GPD						
(See note below, if applicable)	(IIIII) Wastewater Flow. 200						
0=0/ = 1	(Repair)						
Installation Requirements/Conditions Number of trench							
	ach trench 50feet						
	installed on contour at a Soil Cover: 6 inches						
	Depth of: 18-24 inches (Maximum soil cover shall not exceed						
	shall be level to +/-1/4" 36" above the trench bottom)						
in all directions)	number term to service and above the deficit bottom						
Pump Requirements:ft. TDH vsGPM	inches below pipe						
Tomp requirements.	Aggregate Depth:inches above pipe						
Conditions:							
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	IY PART OF SEPTIC SYSTEM OR REPAIR AREA						
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA							
**II applicable:] understand the system type specified is different from th	the type specified on the application. I accept the specifications of this permit.						
rner/Legal Representative Signature: Date:							
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use ch	hanges. 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 Se	ewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH						
and an	. 7						
Authorized State Agent: Det REH	5-L Date: 6/9/2020						
Construction Authorization Expiration Date: 7/24/2020							

Harnett County Department of Public Health Site Sketch

Issued To: Hygela Fuckere Subdivision Highland Tovest Lot#	Property Location:	301 Highland F	FOVEST Dr	Sountard		
		FUCKEYE Sub	odivision Hi	inland Fores	Lo	t# 41
Authorized State Agent: Date: 692	Authorized State Agent:	BALAN	-REHS-I	Date	: <u>6/9</u>	12020



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