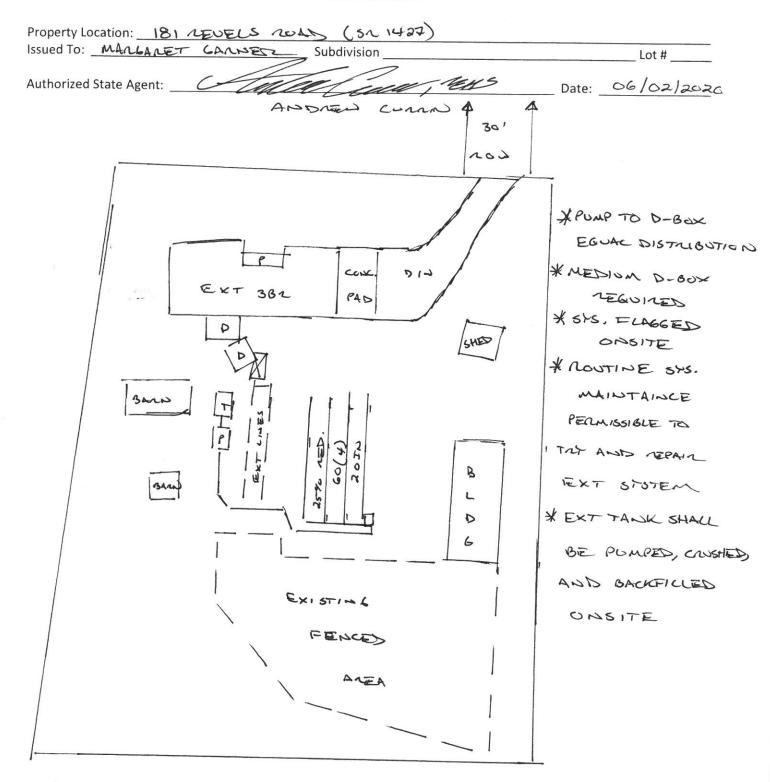


Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: 181 NEVELS 2045 (SN1427)
NEW REPAIR EXPANSION	SUBDIVISION LOT #
NEW REPAIR EXPANSION Type of Structure:	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% NEDUCTION	
Projected Daily Flow: 366 GPD	
Number of bedrooms: 3 Number of Occupants: 6	max
Basement Yes No	
Pump Required: Exes No May be required based on	final location and elevations of facilities
Type of Water Supply: Community Public Well Permit conditions:	Distance from well feet Permit valid for: Five years
remit conditions.	No expiration
Authorized State Agent::	Date: G6/02/2020 SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Impro	of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This ovement 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.	The second production of the second production
Co.	notinuction Authority
<u>(0)</u>	nstruction Authorization
The construction and installation requirements of Rules 1950, 1952, 1954, 1957, 1957	(Required for Building Permit)
with the attached system layout.	, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: MARGARET CARNER	PROPERTY LOCATION: 181 NEURIS ND (SN 1427)
Facility Type: FEXT 3B2 STO	SUBDIVISIONLOT # New Expansion Repair
Basement? Yes No Basement Fixtures? Yes	
7 (11)	
(See note below, if applicable)	CICABLE (Initial) Wastewater Flow: 360 GPD
PUMP TO 25% NET	OCCTION (Repair)
to the second se	trenches +
	n of each trench 60 feet Trench Spacing: 9 Feet on Center
1222	all be installed on contour at a Soil Cover:
	rench Depth of: 28 inches (Maximum soil cover shall not exceed
	toms shall be level to +/-1/4" 36" above the trench bottom)
in all directi	The state of the s
Pump Requirements:ft. TDH vsGPM	nches below pipe
	Aggregate Denth: NA inches above aire
Conditions: PUMP TO MEDIUM D-BOX R	EQUAL DISTRIBUTION NA inches total
WATER LINES (INCLUDING IDDICATION) WHIST DE 10ET EDOL	MANY DADT OF CERTIC CYCTEM OR RECOVER AND
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	M ANY PAKT OF SEPTIC SYSTEM OR REPAIR AREA.
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	
*If applicable: 1 understand the system type specified is different fro	rom the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
his Construction Authorization is subject to revocation if the site plan, plat, or the intended	use changes. The Construction Authorization shall not be transferred when there is a change in a constitution of the construction of the construct
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules	s for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
uthorized State Agent:	esser (1845 Date: 66/02/2020
ANDREW CORNER CO	onstruction Authorization Expiration Date: 06/02/2025

Harnett County Department of Public Health Site Sketch



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