## Harnett County Department of Public Health

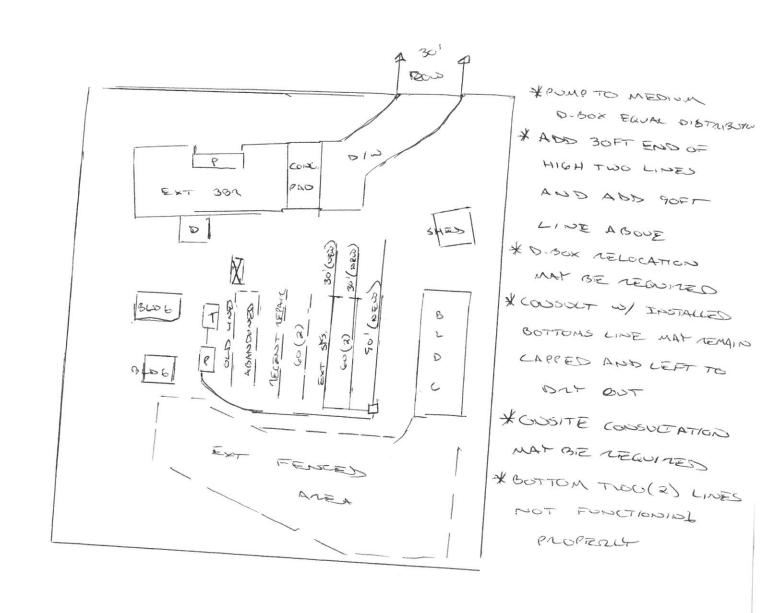
## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

WILL TO LODMORO 9	Carab MaDa		TION: 181 Reve	el Road (SR	1427)	
NEW REPAIR			· .			LOT #
Type of Structure: Existing		SION [	Site Improvements r	equired prior to Const	ruction Authoriza	ation Issuance:
Proposed Wastewater System Type		ction System				
Projected Daily Flow: 360	GPD GPD	Ottom Oystem				
Number of bedrooms: 3	Number of Occ	cupants: 6 max				
Basement 🔲 Yes 🔀 No						
Pump Required: XYes	No May be red	quired based on final location and eleva-	tions of facilities			
Type of Water Supply: Com	munity 🔀 Public	Well Distance from well 50	)+ feet	Permi	valid for:	★ Five years
Permit conditions:						■ No expiration
Authorized State Agent::	11.16	allel 4 Date:	10/20/	7030	CEE ATTAC	HED CITE CALLCH
The issuance of this permit by the Health	Department in no way gua	rantees the issuance of other permits. The permit	holder is responsible for ch	ecking with appropriate go	verning hodies in m	HED SITE SKETCH
site is subject to revocation it the site pl	an, plat, or the intended use	changes. The Improvement Permit shall not be a	ffected by a change in own	ership of the site. This per	mit is subject to con	mpliance with the provisions of
the Laws and Rules for Sewage Treatment	and Disposal and to condit	ions of this permit.				
		C	1			
		Construction Aut				
The control of the Hotel		(Required for Building	g Permit)			
with the attached system layout.	ents of Kules .1950, .1952.	.1954, .1955, .1956, .1957, .1958, and .1959 are	incorporated by references	into this permit and shall	be met. Systems sh	all be installed in accordance
ISSUED TO: Jonmarc &	Sarah McDo	ugan PROPERTY	LOCATION: 181 I	Revel Road	(SR 1427	
r w - Frieting C	DD OFF	SUBDIVISION				LOT #
Facility Type: Existing 3		New _ Expansion	on 🗵 Repair			
Basement? Yes		xtures? Yes No				
Type of Wastewater System**	Not Applica	able		(Initial) Waster	vater Flow: 36	GPD GPD
(See note below, if applicable		F0/ D				
1 - 1 ( 2		5% Reduction System	(Repair)			
Installation Requirements/Condi		Number of trenches 3	<del></del>			
Septic Tank Size Ext.	gallons	Exact length of each trench 90		Trench Spacing: 9		
Pump Tank Size Ext.	gallons	Trenches shall be installed on cor		Soil Cover: 8	inc	
		Maximum Trench Depth of: 20	inches	(Maximum soil		
		(Trench bottoms shall be level to	+/-1/4"	36" above the	trench bottom	n)
D		in all directions)				
Pump Requirements:	ft. TDH vs	GPM		<i>T</i>	NA	inches below pipe
California Dump to D.I	Pov Equal Di	atribution		Aggregate Depth:		inches above pipe
Conditions: Pump to D-	BOX Equal DI	SITIDULION			<u>NA</u>	inches total
WATER LINES AMELIANIA II	DIOATION MICT	05 1055 50011 1101 0105 05 05				
		BE 10FT. FROM ANY PART OF SEI	PTIC SYSTEM OR F	REPAIR AREA.		
O UTILITIES ALLOWED IN II	NITIAL OR REPAIR	DRAIN FIELD AREA.				
*If applicable: I understand the	system type specifie	d is different from the type specified	on the application	I accept the specif	ications of this	permit
	, ,, ,	77		Tacept the speem	Cuttons or tims	perme.
Owner/Legal Representative Sign	ature:			Date:		
		plat, or the intended use changes. The Construction	n Authorization shall not b	e transferred when there is	a change in owner	rship of the site This
onstruction Authorization is subject to con	pliance with the provisions	of the Laws and Rules for Sewage Treatment and [	Disposal and to the condition	ons of this permit.		ACHED SITE SKETCH
authorized State Agent:	Them	Mellung	Date:	10/28/. ate: 10/28	2020	

## Harnett County Department of Public Health Site Sketch

Property Location: 181 Revel Road (SR 1427)		
Issued To: Jonmarc & Sarah McDougan	Subdivision	Lot #
	DIEW CUMIN	



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