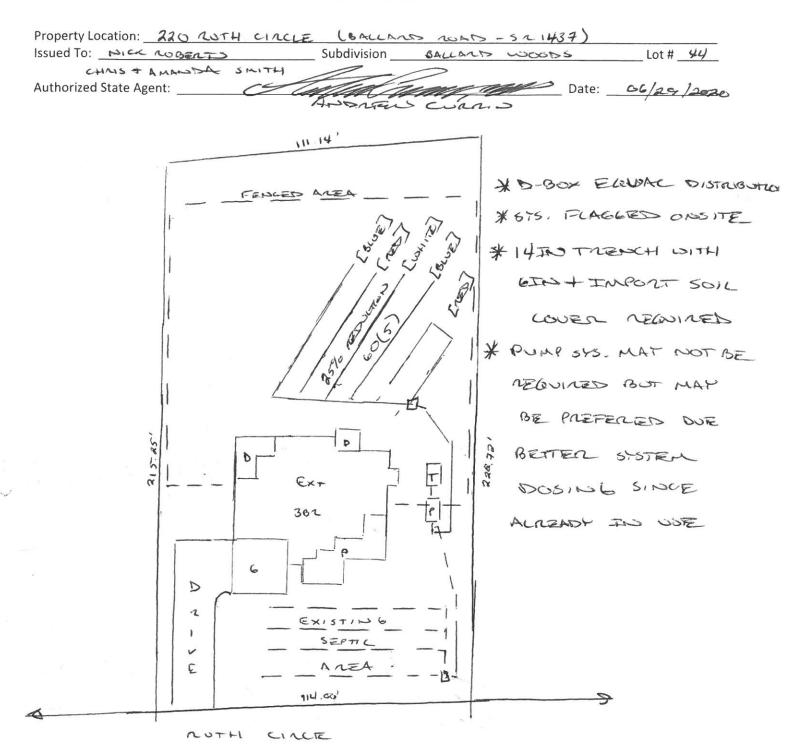
## Harnett County Department of Public Health

Improvement Permit

MICH ROBERTS A buil	ding permit cannot be issued with only a PROPERTY LOCATION:	an Improvement Pe	ermit	RNIAND	10-5-1437
ISSUED TO: CHILID & AMANDA SMIT	SUBDIVISION	BALLARY		SS	101 # 44
NEW REPAIR EXPANSION		mprovements requir	00 11	uction Authorizati	
Type of Structure: EXT 301 570	<b>-</b>	inprovements requir	ed prior to constit	detion Admonizati	on issuance.
Proposed Wastewater System Type: 25% 1500	TON 515.				
Projected Daily Flow: 366 GPD					
Number of bedrooms: 3 Number of Occupants	C max				
Basement Tes No	/				
_ <u> </u>	pased on final location and elevations of	f facilities			
Type of Water Supply: Community Public	Well Distance from well	+ feet	Permit	valid for:	Five years
Permit conditions:			321003-41.00-2000		No expiration
10		7			
Additional of the second	- cere				
Authorized State Agent:	Date:	06/29/	2020	SEE ATTACHI	ED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees is steen is subject to revocation if the site plan, plat, or the intended use change	te assuance of other permits. The permit holder is	responsible for checking	g with appropriate gove	erning bodies in meet	ting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of t	is permit	, a change in ownership	p of the site. This perm	int is subject to comp	nance with the broadlour of
	Construction Authoriz	zation			
The construction and installation requirements of Rules 1950 1952 1954	(Required for Building Pern				
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.		rated by references into	this permit and shall t	be met. Systems shall	be installed in accordance
NICE LOBERTS					5-1437
ISSUED TO: CHILIS + ALLENDER SIM	PROPERTY LOCATI	ION: 2200	WITH CIT	2 (BAC	LAND BURD
	SUBDIVISION	BALLARD	acou <	5	LOT # 444
Facility Type: EXT 3BL STS	■ New ■ Expansion	Repair			
Basement?  Yes  No. Basement Fixtures					
	APPLICABLE		(Initial) Wastew	nter Flour	GO GPD
(See note below, if applicable )			(IIIItiai) Wastew	ater riow	ec oru
—	RETION STS. (Repair	ir)			
and the same of th	mber of trenches 5	1)			
				C .	
- 0	act length of each trench 60		rench Spacing:		
	nches shall be installed on contour a				ETMPORT]
	ximum Trench Depth of: 14		(Maximum soil co	over shall not e	exceed
(Tr	ench bottoms shall be level to +/-1/	/4"	36" above the	trench bottom)	
in	all directions)				
Pump Requirements:ft. TDH vsGF	M			RIA	_ inches below pipe
		A	ggregate Depth:	NA	inches above pipe
Conditions: SEE SITE SKETC	+			NA	inches total
				-	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10	ET FROM ANY PART OF CERTIC C	VCTEM OD DED	AID ADEA		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	TILL AND ANTI TAKE OF SETTIC S	I SIEWI UK KETA	AIK AKEA.		
TO UTILITIES ALLOWED IN INITIAL OR KETAIK DRAIF	FIELU AKEA.				
**If applicable: 1 understand the system type specified is d	fferent from the type specified on th	he application. I a	accept the specific	cations of this	permit.
		.,	, ,	,	
Owner/Legal Representative Signature:			Date:		
This Construction Authorization is subject to revocation if the site plan, plat, or	the intended use changes. The Construction Author	rization shall not be tra			ain of the site. This
Construction Authorization is subject to compliance with the provisions of the Li					CHED SITE SKETCH
		The London of the	The periods	JEE HITA	SHE SHETCH
Authorized State Agents	finnen, s	P D	01/10/	20:20	
Authorized State Agent:	WILLIAM TO THE	Date:	06/29/2	NO DES	
ADDREW COMO	Construction Authorization I	Expiration Date:	de	29/2023	9

## 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.