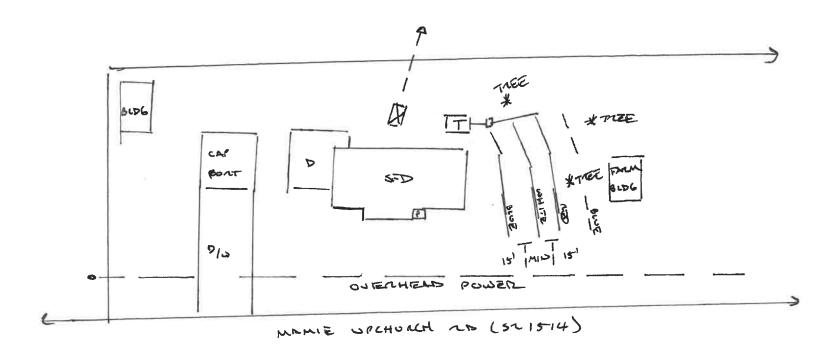
Harnett County Department of Public Health

Improvement Permit

A building permit cai	PROPERTY LOCATION: 910 MANIE SPCHUNCH 15 (5715-14)
ISSUED TO: SHILLEY M. MATO	PROPERTY LOCATION: 9/6 MANIE SPECIFICATION LOT #
	Site Improvements required prior to Construction Authorization Issuance:
	the improvementa required prior to constitution realism issuance.
Proposed Wastewater System Type: 25% 1200CT/8N	
Projected Daily Flow: 240 GPD	
Number of bedrooms: 2 Number of Occupants: 4	max
Basement Yes No	
Pump Required: Yes No May be required based on final	l location and elevations of facilities
Type of Water Supply: Community Public Well Dista	tance from well 504 feet Permit valid for: 🛮 Five years
Permit conditions:	☐ No expiration
Authorized State Agent::	Date: 12/18/2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of oth site is subject to revocation if the site plan, plat, or the intended use changes. The Improvemen the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ther permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This ent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Const	truction Authorization.
	Required for Building Permit
	57, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO: SHIRLET M. MATO	PROPERTY LOCATION: 910 MANIE UPCHURH NO (SN 15-14)
	20RDIAI2ION
Facility Type: EXT SED New	
Basement? Yes 🔀 No Basement Fixtures? Yes	□ No
Type of Wastewater System**	PLICA SLE (Initial) Wastewater Flow: 246 GPD
(See note below, if applicable 🔲)	and a second
25/2 NEDUCTION S	
Installation Requirements/Conditions Number of tren	nches
Septic Tank Size 1000 gallons Exact length of	of each trench 56 feet Trench Spacing: Feet on Center
Pump Tank Sizegallons Trenches shall I	be installed on contour at a Soil Cover:inches
Maximum Trend	ch Depth of:inches (Maximum soil cover shall not exceed
(Trench bottom:	ns shall be level to +/-1/4" 36" above the trench bottom)
in all directions	as)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: CRAWITT TO D-BOX EGG	
WATER LINES (INCLUDING IRRICATION) MILET RE 10ST EROM	ANY DADT OF CEDTIC CYCTEM OD DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANT TAKE OF SETTIC STSTEM OF RELAIN AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	REA.
	The type specified on the application. I accept the specifications of this permit.
**If applicable: <u>I</u> understand the system type specified is different from Owner/Legal Representative Signature:	n the type specified on the application. I accept the specifications of this permit. Date:
**If applicable: <u>I</u> understand the system type specified is different from Owner/Legal Representative Signature:	The type specified on the application. I accept the specifications of this permit. Date: Use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
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**If applicable: / understand the system type specified is different from Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	Date: Use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This stor Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
**If applicable: <u>I</u> understand the system type specified is different from Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	Date: See changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This

Harnett County Department of Public Health Site Sketch

Property Location: 910	MAMILE CICHO	ICH TOAS COT 13	17)		
Issued To: SHILLEY M	MATO	Subdivision			Lot #
Authorized State Agent:		Sones compo	•	_ Date: _	12/18/2020
* GRAVITY TO	D-BOX EWAL	016711307102			
* STS, MAT BE	INSTALLED	FOR 2-BEDTOO	M [ISOFT MIN) or	<u></u>
		OFT MIN]. EX			
LINE	NAS FLAGO	STIZMO QUE			
* MAINTAIN 15	TFT SETONER	OF CENTER	power 400	-	
* EXT TANK	SHALL BE P	UMPED, CONSTIES	D, AMO BAEKE	FILLED	GNSITE



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