## Harnett County Department of Public Health

Improvement Permit

|   | improvement remit   | BU1769 010 STAGE, N                           |
|---|---|---|
| A 1   | ouilding permit cannot be issued with only an Improvement Permit  | De 1161 000 100                               |
| 2.  | PROPERTY LOCATION: 78 Bryon Godwin CT   |   |
| ISSUED TO: Charles Burndon Jos  | ENSON SUBDIVISION POST INN ROT  | LOT # 12                                      |
| _/  |   |   |
|   | Site improvements required prior to construction  | n Authorization issuance.                     |
| Type of Structure: Ex 5FD   |   |   |
| Proposed Wastewater System Type: 25% 7600 CTZ                             | ion   |   |
| Projected Daily Flow: 360 GPD   |   |   |
| Number of bedrooms: 3 Number of Occupa                                    | nts: 💪 max  |   |
| Basement Tres No  |   |   |
|   | ed based on final location and elevations of facilities   | ,   |
|   | Well Distance from well feet Permit valid   | d for: Five years                             |
| // — — — — — — — — — — — — — — — — — —                                    | Mell Distance nous west leef Least Agus   |   |
| Permit conditions:  |   | No expiration                                 |
|   |   |   |
| 5 n/  | 1 Lik icus  |   |
| Authorized State Agent:   | 4 pohon 1 Date: 2-26-21   | SEE ATTACHED SITE SKETCH                      |
| The issuance of this permit by the health Department in no way guarant    | ees the issuance of other permits. The permit holder is responsible for checking with appropriate governing | g bodies in meeting their requirements. This  |
|   | anges. The Improvement 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.   |   |
|   |   |   |
|   | Construction Authorization  |   |
|   | Construction Authorization  |   |
|   | (Required for Building Permit)  |   |
| The construction and installation requirements of Rules .1950, .1952, .19 | 54, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be m         | net. Systems shall be installed in accordance |
| with the attached system layout.  |   |   |
| 21 2 2 1 -  | 7/ : 70 3 6 1   |   |
| ISSUED TO: Chanles Brandon J.   | SUBDIVISION POST INN BST  | m ci  |
|   | SUBDIVISION POST TON BST  | LOT # 12                                      |
| Facility Type: ExSFD  | ☐ New ☐ Expansion ☐ Repair  |   |
|   |   |   |
| Basement? Yes No Basement Fixto   |   | 7:  |
| Type of Wastewater System**   | (Initial) Wastewate   | r Flow: 360 GPD                               |
| (See note below, if applicable )  |   |   |
| 259, 75 Duc   | Ten Juston (Repair)   |   |
|   |   |   |
| Installation Requirements/Conditions                                      | Number of trenches  | 7   |
| Septic Tank Size Ex gallons   | Exact length of each trench 150 feet Trench Spacing:  | Feet on Center                                |
| Pump Tank Sizegallons   | Trenches shall be installed on contour at a Soil Cover:   | inchesinches                                  |
|   | Maximum Trench Depth of: 26-7/8 inches (Maximum soil cove   | er shall not exceed                           |
|   |   |   |
|   | (Trench bottoms shall be level to +/-1/4" 36" above the tre   | nch bottom)                                   |
|   | in all directions)  |   |
| Pump Requirements: ft. TDH vs   | GPM   | inches below pipe                             |
|   | Aggregate Depth:  | Z inches above pipe                           |
| Catal lan-  | Aggregate Deptiling   |   |
| Conditions: Compraction to meet   | on soils prior to tostall About   | inches total                                  |
| Septic System and   | Water Druenson Druen.   |   |
| WATER LINES (INCLUDING IPPIGATION) MILST R                                | E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  |   |
|   |   |   |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR D                               | RAIN FIELD AREA.  |   |
| **If - E-bl. I understand the system time consider                        | is different from the time specified on the application I assent the specificat                             | rians of this parmit                          |
| applicable: I understand the system type specified                        | is different from the type specified on the application. I accept the specificat                            | ions of this permit.                          |
|   |   |   |
| Owner/Legal Representative Signature:                                     | Date:   |   |
|   | at, or the intended use changes. The Construction Authorization shall not be transferred when there is a c  | change in ownership of the site. This         |
|   |   | SEE ATTACHED SITE SKETCH                      |
| construction Authorization is subject to compnance with the provisions of | the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.                  | SEE MINCHED SHE SKEICH                        |
|   | M I New   |   |
| Authorized State Agent:   | Manhant Date: 2-26-2  | 21  |
| Authorited State Magnitude  | Construction Authorization Expiration Date: 2-26  | -76   |
|   | construction Authorization Expiration Date:   | 10  |

## Harnett County Department of Public Health Site Sketch

| Property Location: 78 Bryan Godens CT Sn 1769 010 STAGE RE   | 5 N       |  |
|--|-----------|--|
| legued To: Cha A A A Tolore Subdivision  |           | Lot # _ /2_  |
| Authorized State Agent: 2000 E Manhard TR NEWS   | Date:     | 2-26-21  |
| * Contractor to meet onsette prior to Trostallo  | of At is  |  |
| Coff post of the state of the s | Buil Rins | Sprishor Service Servi |
| Bryan Godwin a   |           |  |

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