## Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 38 CAROL STREET (WISE RD SR 1795)
ISSUED TO: LARRY & OTENDA MCLAMB	SUBDIVISION WINDOW ROCK MHP LOT # IT 38
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-62010000 SWMH	
Proposed Wastewater System Type: 25% REDICTION 53	ي ا
Projected Daily Flow: 36C GPD	
Number of bedrooms: Number of Occupants: C	max
Basement Yes Alo	
Pump Required: Yes No May be required based on final l	
Type of Water Supply: Community Public Well Distar	ce from wellfeet Permit valid for: \five years No expiration
Permit conditions:	The expiration
Authorized State Agent::	Date: 04/23/2021 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	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 noises for sewage treatment and pisposal and to conditions of this permit.	
Constr	uction Authorization
	The state of the s
	uired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	.1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
min the actions specific reposition	
ISSUED TO: LARRY + BREWDA MCLAMB	PROPERTY LOCATION: 38 CARD STREET (WISE RD. SI 1799)
	SUBDIVISION W. NOON TOOK MHP LOT # # 35
Facility Type: 3- BED 1001 SWALH New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	No
Type of Wastewater System**	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable   )	
25/0 1200CTIONS 5	75(Repair)
Installation Requirements/Conditions Number of trend	hes <u>3</u>
Septic Tank Size Ext gallons Exact length of	each trenchfeet
,	e installed on contour at a Soil Cover:inches
	Depth of:inches (Maximum soil cover shall not exceed
	shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom)
in all directions	
Pump Requirements:ft. TDH vsGPM	inches below pipe
Tunip hequitements.	Aggregate Depth: inches above pipe
Conditions: GRAVITY TO D-BOX EQUAL DI	ST TU BUTION inches total
conditions.	
WATER LINES (INCLUDING IRRIGATION) MILET DE LOET EROM A	NV DADT OF CEDTIC CVCTEM OD DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	А.
**If applicable: L understand the system type specified is different from	the type specified on the application. I accept the specifications 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 Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
111	
Authorized State Agent:	Date: 04/23/2021
	truction Authorization Expiration Date: 64/23/2026
The way	

## Harnett County Department of Public Health Site Sketch

