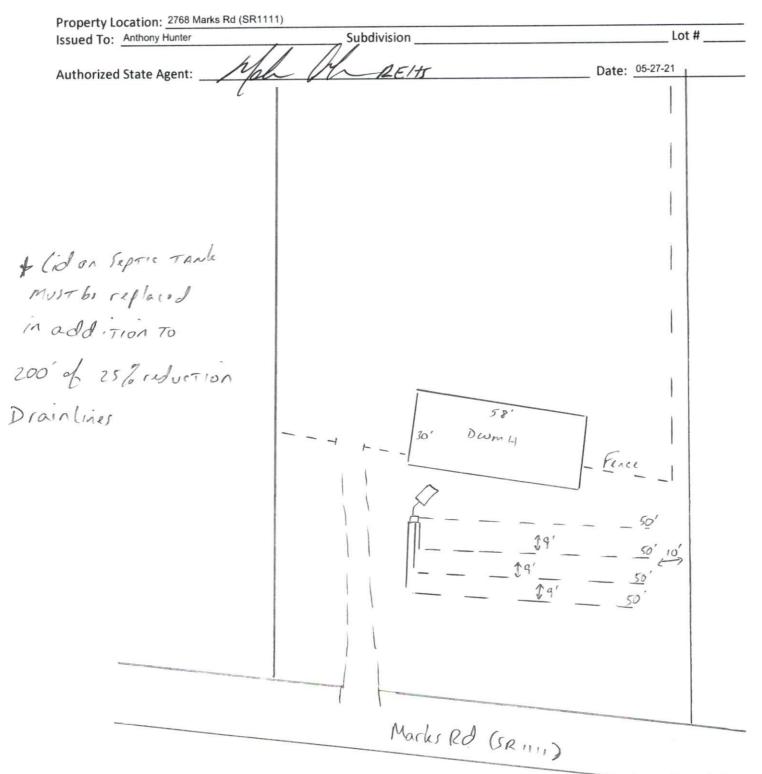
## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A 41	PROPERTY LOCA	110N:		orac wo
ISSUED TO: Anthony Hunter	SUBDIVISION			LOT #
NEW REPAIR EXPANSION		Site Improvements req	uired prior to Construction Author	orization Issuance:
Type of Structure:				
Proposed Wastewater System Type:				
Projected Daily Flow: GPD				
Number of bedrooms: Number of Occupants:	max			
Basement Yes No	and the second			
	on final location and eleva		6 : 1:17	
Type of Water Supply: Community Public We			Permit valid for:	Five years
Permit conditions:				No expiration
Authorized State Agent::	Date:		(FF A)	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the iss				
site is subject to revocation if the site plan, plat, or the intended use changes. The				
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this pe	mit.			
	Construction Au	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules 1950, 1952, 1954, 1955,			into this permit and shall be met. System	ms shall be installed in accordance
with the attached system layout.				
Anthony Humber		0700	Marka Dal (OD444	4)
ISSUED TO: Anthony Hunter			Marks Rd (SR111	
	SUBDIVISIO			LOT #
Facility Type: DWMH	New Expans	ion 🗵 Repair		
Basement? Yes No Basement Fixtures?	Yes 🔀 No			0
Type of Wastewater System**			(Initial) Wastewater Flow	: 480 GPD
(See note below, if applicable )				
25% reduction		(Repair)		
Installation Requirements/Conditions Number	r of trenches 4	_, , ,		
	ength of each trench 50	O feet	Trench Spacing: 9	Feet on Center
	es shall be installed on co		Soil Cover: 6	
	um Trench Depth of: 26		A STATE OF THE STA	
	to the state of th		(Maximum soil cover shall	
,	bottoms shall be level t	0 +/-1/4	36" above the trench bo	ottom)
	directions)			
Pump Requirements:ft. TDH vsGPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT.	FROM ANY PART OF S	EPTIC SYSTEM OR I	REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F				
CONTROL CONTRO	74.25 HOURSHOOD			
**If applicable: 1 understand the system type specified is differ	ent from the type specific	ed on the application.	I accept the specifications of	f 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 Constru	ction 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	nd Rules for Sewage Treatment an	d Disposal and to the conditi	ons of this permit.	E ATTACHED SITE SKETCH
/ //	,			
Authorized State Agent: Mah M	_ REHT	Date	05-27-21	
number of the state of the stat		ization Expiration D		
	CONSTRUCTION AUTHOR	LAUVII LAPITATION L	alt. UJ-Z1-ZU	

## 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.