Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit 3522 PROPERTY LOCATION: HAROLD MOORE SUBDIVISION ISSUED TO: NEW REPAIR X EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: EXT 3-BEDICOM 500 Proposed Wastewater System Type: 25% RESULTION STS Projected Daily Flow: 366 GPD Number of Occupants: ____ Number of bedrooms: Basement Yes Pump Required: Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well 504 feet Permit valid for: Five years No expiration Permit conditions: 10/19/2021 Date: 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 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 (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .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. PROPERTY LOCATION: 3522 NC 55 W. ISSUED TO: HAROLD MOORE SUBDIVISION Facility Type: IEXT 3-82 STTS Expansion Basement Fixtures? Yes Basement? Yes No 360 NOT APPLICABLE Type of Wastewater System** (Initial) Wastewater Flow: (See note below, if applicable 1) 25% LEOUCTON STRIEN Number of trenches 1 Installation Requirements/Conditions Trench Spacing: Septic Tank Size 1000 gallons Exact length of each trench ___ Trenches shall be installed on contour at a Pump Tank Size _____gallons Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. ___ inches below pipe ~ inches above pipe Aggregate Depth: inches total Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I 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: 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 SEE ATTACHED SITE SKETCH 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. Date: 10/19/2021 Authorized State Agent: Construction Authorization Expiration Date: 10/19/2026 ANDREW CURRIN

Harnett County Department of Public Health Site Sketch

	Property Location: 35 32 NC 55 W-	
	Issued To: HARRY MOONE Subdivision	Lot #
	Authorized State Agent:	Date: 10/9/2021
	BLOC BLOCK BLOC BLOCK BLOCK	PUMPED, CRUSHED, AND BACKFILLED ONSITE * 215FT SETUAL CHANGER
	EXT SED 1	FOUR(4) STET LINES 10/ EGUAL DISTURUTION * SZOTIC PRODECT SHALL
_	NX 55 W.	
_	N 55 W.	

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