Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

5 110 11	PROPERTY LOCATION: 3 100 03 42	13	
ISSUED TO: David G. Johnson	SUBDIVISION		LOT #
NEW REPAIR EXPANSION	Site Improvements require	ed prior to Construction Authori	zation Issuance:
Type of Structure: Ext. Bldg. New Bath / Future A	ot		
Proposed Wastewater System Type: 25% Reduction Sys.			
Projected Daily Flow: 240 (min) GPD			
Number of bedrooms: 2 (min.) Number of Occupants: 4 (mir	1.) max		
Basement Yes No	-		
Pump Required: Yes No May be required based on fir	al location and elevations of facilities		
Type of Water Supply: Community Public Well D	stance from well NA feet	Permit valid for:	▼ Five years
Permit conditions:			■ No expiration
State Min. 240gal/r	al = 2-Bedroom SFD for D	wellina (Future)	
	- 221.11-		
Authorized State Agent::	Date: 03/04/2	DAZ SEE ATTA	ICHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improve the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nent 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 holes for sewage freatment and proposal and to conditions of this permit.			
Con	tureties Authoriseties		
<u>Çon</u>	struction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .	957, 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: David G. Johnson	PROPERTY LOCATION: 9186 U	S 421 S	
1330ED TO. David C. Commodi	SUBDIVISION	0 1210	LOT #
Forth Ton Ext Bldg Now			LOI #
Facility Type: Ext. Bldg. New			
Basement? Yes No Basement Fixtures? Yes	☐ No		
Type of Wastewater System** 25% Reduction Sys.		(Initial) Wastewater Flow:	240 GPD
(See note below, if applicable)			
25% Reduction Sys.	(Repair)		
Installation Requirements/Conditions Number of to	enches 2		
		rench Spacing: 9	Feet on Center
· · · · · · · · · · · · · · · · · · ·			nches
•			
	nch Depth of: 26inches	(Maximum soil cover shall n	
(Irench botto	ms shall be level to +/-1/4"	36" above the trench botto	om)
in all direction	ns)		
Pump Requirements:ft. TDH vsGPM		NA	inches below pipe
	A	ggregate Depth: NA	inches above pipe
Conditions: Gravity to D-Box Equal Distribution	Required	NA NA	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY DADT OF CERTIC CYCTEM OR DED	AID ADEA	
		AIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	REA.		
**If applicable: 1 understand the system type specified is different from	om the type specified on the application. I	accept the specifications of t	his permit.
	,, ,		
Owner/Legal Representative Signature:		Date:	
0 1			11 41 1 71
this construction authorization is subject to revocation if the site plan, plat, or the intended	use changes. The Construction Authorization shall not be tr	ansferred when there is a change in by	vnership of the site this
	use changes. The Construction Authorization shall not be to for Sewage Treatment and Disposal and to the conditions		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules	17/1 In 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		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.	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules Authorized State Agent:	17/1 In 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	of this permit. SEE	ATTACHED SITE SKETCH

Harnett County Department of Public Health Site Sketch

