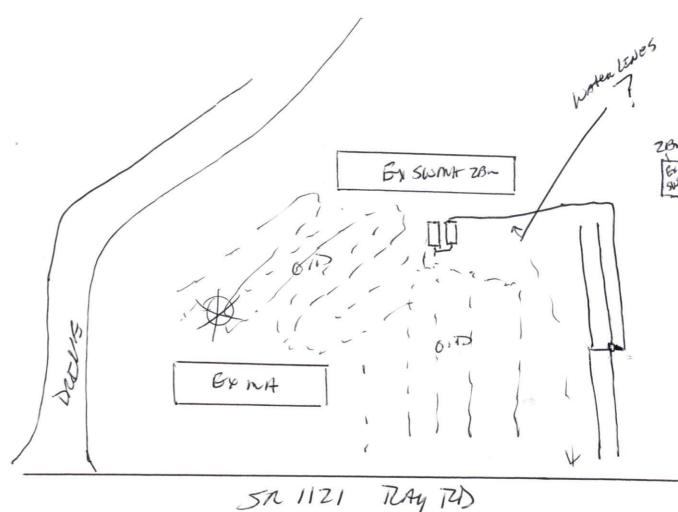
Harnett County Department of Public Health

Improvement Permit

A	ouilding permit cannot be issued wi	th only an Improvement	Permit	
Mater > QUE	PROPERTY LOCA	ATION: STYP R		
ISSUED TO: MITZE D ALLE	SON SUBDIVISION	Country A		LOT #
NEW REPAIR EXPANSION	IN PARK ZSWANT	Site Improvements req	uired prior to Construction Autho	rization Issuance:
Type of Structure: MH + MH	WON CONserve	P		
Proposed Wastewater System Type: 50% Now	De MH CONSECUL	•		
	PenMH Pen nts: 8-4 max mit			
	nts: max			
Basement Mes No No May be required: Tres No May be required.	ed based on final location and elev	ations of facilities		
_	Well Distance from well		Permit valid for:	Five years
Permit conditions:	Well Distance from well	1661	Termit vand for.	No expiration
Termit Conditions.				—
Ċ	1 1 1	84S		
Authorized State Agent:	Date:	4-29-2	Z SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	ees the issuance of other permits. The perm		verification and the second second	in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch		affected by a change in owner	rship of the site. This permit is subject to	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit.			
		.1		
	Construction Au	ithorization		
	(Required for Build	ding 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 met. System	ns shall be installed in accordance
with the attached system layout.				
ISSUED TO: METER D Alltso	PROPERT	Y LOCATION Son /	21 RAW 20	
10. 10. 10.	CIIRDIVIS	ON COLOTA	Acres MAP	LOT #
Facility Type: 25W MHS	New Expan	sion Repair		
Basement? Yes No Basement Fixth	/	ision in Repair/		
	11.62: 1 162 1 140		(Initial) Wastewater Flow:	490 (00
Type of Wastewater System**			(IIIItiai) wastewater riow.	
(See note below, if applicable)	BOUCTON (PPBS)	ProcelBioch		240 X 240 = 480
	SOUCIAN CFFDS	(Kepair)		WALT INIT
Installation Requirements/Conditions	Number of trenches 4	0	· · · · 5	
Septic Tank Size 1000 Expression	Exact length of each trench _		Trench Spacing:	_ Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on	. 0.11	Soil Cover:	_inches
•	Maximum Trench Depth of:	•	(Maximum soil cover shall	
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bo	ttom)
	in all directions)			,
Pump Requirements:ft. TDH vs	GPM		6	inches below pipe
0111			Aggregate Depth:	2 inches above pipe
Conditions: (patrado 1	o meet ou	SLIE DU	into _	/2 inches total
ATTEMPT TO Repa		/	INSTALL	100000000000000000000000000000000000000
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF !	CEPTIC CVCTEM OF I	CEDAID ADEA	
The state of the s		SELLIC SISIEM OK I	ILI AIN ANLA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELU AKEA.			
**If applicable: I understand the system type specified	is different from the type special	fied on the application.	I accept the specifications of	this permit.
	(3.2)	12.5		
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, p	at, or the intended use changes. The Constr	uction Authorization shall not I	be transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of	The state of the s		***	ATTACHED SITE SKETCH
	0 1.	10000		
	111 1 -	11 1		
Authorized State Agent:	/ // pha	Date:	4-28-27	2

Harnett County Department of Public Health Site Sketch

F	Property Location: Sn 1121 Ray RDS ssued To: Metzi D Alleson Subdivision Contray Rese MATE	Lot #
	Authorized State Agent: Date:	
X	ATTEMPT to Regard -NO Spree Austrable - NEXT OF THE	nd as MA Removal
*	Contracton to meet onsitte prior to In	SSTALL.



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