Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 56 56 CHRISTIAN LIGHT RD. (SR 1412) ISSUED TO: JOHN A MCCCIAMMOCH STZ. NEW REPAIR EXPANSION TELECATION & Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 25% NEWSTEN STATEN & 2.BR SWMH Proposed Wastewater System Type: Projected Daily Flow: 240 2 Number of Occupants: 4 max Number of bedrooms: ___ Basement Yes No. May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Public Well Distance from well 50+ feet Five years Permit valid for: ■ No expiration Permit conditions: Date: ___ 06/03/2072 Authorized State Agent:: 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. ISSUED TO: JOHN A MCCLAMPOCH SA. PROPERTY LOCATION: 5656 CHRISTIAN LIGHT 15. (521412) SUBDIVISION Facility Type: 8-B20100M SWMH New Expansion Repair 1x relocation Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** 25% TENUTION STSTEM (Initial) Wastewater Flow: 240 GPD (See note below, if applicable) 25/0 TEDUCTION STSTEM (Repair) Number of trenches 2 Installation Requirements/Conditions _feet Trench Spacing: ____ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____gallons Trenches shall be installed on contour at a Soil Cover: 12 inches (IF APPLICADIZ) Maximum Trench Depth of: 24 (Maximum soil cover shall not exceed inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ___ Aggregate Depth: NA inches above pipe 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 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 Date: 06/03/2022 Authorized State Agent: Construction Authorization Expiration Date: 06/63/2027 ANDIEN CUREIN

Harnett County Department of Public Health Site Sketch

Authorized State Agent: ANDTERN COMMAN ANDTE	Property Location: 9636 CHCISIANS		
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.