## Harnett County Department of Public Health

Improvement Permit

A build	ing permit cannot be issued with only an Improvement Permit	
ISSUED TO: ROSA M Flones	PROPERTY LOCATION 30 1563 Boil Avery ND SUBDIVISION LOT #	
NEW REPAIR EXPANSION		
Type of Structure: By SWMH		
Proposed Wastewater System Type:		
Projected Daily Flow: 360 GPD	,	
Number of bedrooms: Number of Occupants:	6 max	
Basement Yes No	21 DAYS	
	pased on final location and elevations of facilities	
	Well Distance from well feet Permit valid for: Five years	
Permit conditions:	□ No expiration	
λ	1 1 120 2343	
Australia Constantino	Backer Date: G-30-22 SEE ATTACHED SITE SKETCH	
Authorized State Agent:  The issuance of this permit by the Health Department in no way guarantees to	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 the site plan, plat, or the intended use change	s. 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 t	his 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: ROSA M Flores	PROPERTY LOCATION: SUBSISSION SUBDIVISION Repair	
13000 10.	SURDIVISION J LOT #	
Facility Type:	□ New □ Expansion ☑ Repair	
Basement? Yes No Basement Fixtures		
	(Initial) Wastewater Flow: 360 GPD	
Type of Wastewater System**	(illitial) Wastewater flow.	
(See note below, if applicable 1) 25% / 50%	1750 (Repair)	
,		
	imber of trenches	
	ract length of each trenchfeet Trench Spacing: Feet on Center	
1	enches shall be installed on contour at a Soil Cover:inches	
	aximum Trench Depth of:inches (Maximum soil cover shall not exceed	
(1	rench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
	all directions)	
Pump Requirements:ft. TDH vsG	PM inches below pipe	
2 ( 1	Aggregate Depth: inches above pipe	
Conditions: and and and a	to meet undie inches total	
Daion to	FORMET UNSTILE Inches total	
WATER LINES (INCLUDING IRRIGATION) MILST RE 1	OFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAI	N FIELU AKEA.	
**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:	Date:	
	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	
Authorized State Agent: Date:		
	Construction Authorization Expiration Date:	

## Harnett County Department of Public Health Site Sketch

Property Location: 52/563 Bill Avery 14)	
Issued To: Kosa M Flores Subdivision	Lot #
Authorized State Agent: Janes & Marken & 23	Date: 9-30-22
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/	ontractor to meet owsers
/	ontractor to theel onsers
	Prior to INSTALL  FOR System Type  AND Layout
	for Syster Type
	AND LAWORT
	7.13.5 2 9
Wet	
Ex Sular	
EX SWMH SORLY	
Datheway	
5/160	
Biole	
	1 2 - 1
	S BJ NORME

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