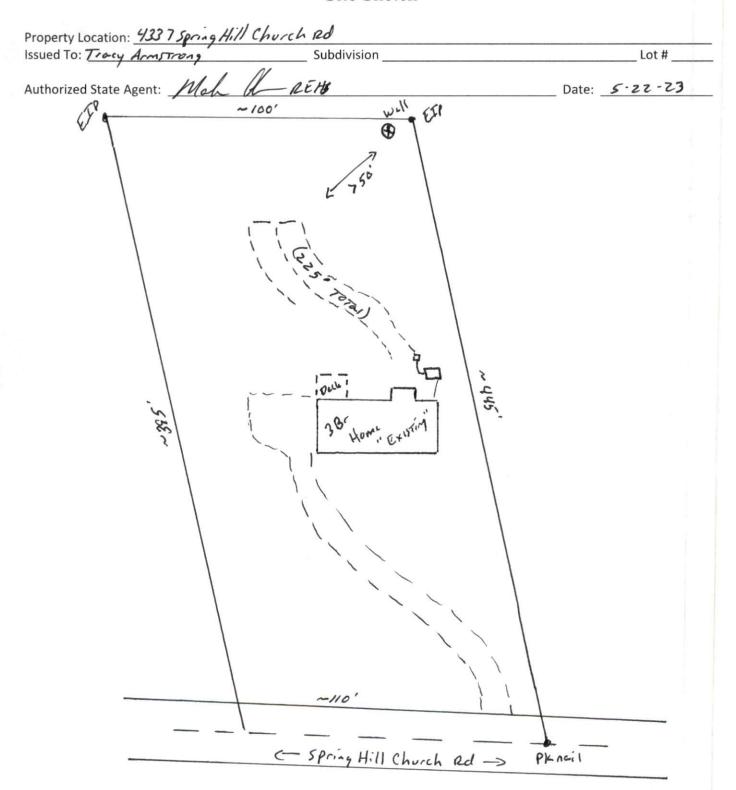
Harnett County Department of Public Health

Repair

Improvement Permit

A buildii	PROPERTY LOCATION: 4337 Spring Hill Church Rd
ISSUED TO: Tracy Armstrong	SUBDIVISION LOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: Existing Homa	
Proposed Wastewater System Type: 25% reduc	701
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants:	6 max
Basement Yes No	
Pump Required: ☐Yes ☑ No ☐ May be required ba	sed on final location and elevations of facilities
Type of Water Supply: Community Public	Well Distance from wellfeet Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agent: Mah an DET	Date: 5-22-23 SEE ATTACHED SITE SKETCH
	issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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 thi	permit.
	Construction Authorization
	(Required for Building Permit)
	55, .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: Tracy Arms Trans	PROPERTY LOCATION: 4337 Spring Hill Church Rd SUBDIVISION LOT #
	SUBDIVISION LOT #
Facility Type: Existing Home	□ New □ Expansion ☑ Repair
Basement? Yes No Basement Fixtures?	
Type of Wastewater System**	(Initial) Wastewater Flow: 360 GPD
	(IIIIIai) Wastewater 110W OID
(See note below, if applicable)	(Panair)
, , , , , , , , , , , , , , , , , , ,	telength of each trench 225 feet Trench Spacing: 9 Feet on Center
,	
0	ches shall be installed on contour at a Soil Cover: inches
	mum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed
(Tre	nch bottoms shall be level to +/-1/4" 36" above the trench bottom)
	ll directions)
Pump Requirements:ft. TDH vsGP	1 inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10	FT. 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 di	ferent from the type specified on the application. I accept the specifications of this permit.
Tappicaste Landerstand the System type specimes to since the month the type specimes on the application. I accept the specimentons of this perime	
Owner/Legal Representative Signature:	Date:
	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.	
.111	
Authorized State Agent: Mah de RE	Date: 5-22.23
The state of the s	Construction Authorization Expiration Date: 5-22-23
	CONDUCTION AUTHORIZATION EXPIRATION DATE.

Harnett County Department of Public Health Site Sketch



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