Harnett County Department of Public Health

Improvement Permit

A building p	property location. III Albert Royal Fugue V-Vacine
ISSUED TO: Jared + Carissa Smith	PROPERTY LOCATION: Ill Alban ROW, Fuguay-Varina SUBDIVISION Magnolia crest LOT # 29
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: EX SED	and the first of the second of
Proposed Wastewater System Type: Replace Coustes	Q F7 Flow / L
Projected Daily Flow: 340 GPD	Tell IN Comporants
Number of Decupants:	⊘ 6 max
Basement Yes No	
	on final location and elevations of facilities
Type of Water Supply: Community Public Well	
Permit conditions:	■ No expiration
	12448
Mark	Date: 10-19-23 SEE ATTACHED SITE SKETCH
Authorized State Agent:	ance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
, ,	mprovement 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 per	
	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: Jared + Carissa Smith	SUBDIVISION Magnol: a crest LOT # 29
44 650	
, ,,	New Expansion Repair
Basement? Yes No Basement Fixtures?	
Type of Wastewater System**	(Initial) Wastewater Flow: GPD
(See note below, if applicable)	
Kephace E-ZFlon	of trenches 2
Installation Requirements/Conditions V Number	of trenches 2
Septic Tank Size gallons Exact le	ength of each trench 20-30 feet Trench Spacing: Exp Feet on Center
	s shall be installed on contour at a Soil Cover:inches
Maximu	m Trench Depth of: Ex inches (Maximum soil cover shall not exceed
	bottoms shall be level to +/-1/4" 36" above the trench bottom)
	irections)
Pump Requirements: ft. TDH vsGPM	inches below pipe
	Aggregate Depth: Sy inches above pipe
Conditions: Replace Caushed	EZFlow Components By inches total
conditions.	5217070 53.778155513
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT.	EDOM ANY DADT OF CEDTIC CYCTEM OD DEDAID ADEA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIE	LU AKEA.
**If applicable: 1 understand the system type specified is different	nt from the type specified on the application. I accept the specifications of this permit.
300	
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the in	ntended 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 are	d Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
5 1	1 1 Des Tours
Authorized State Agent:	Construction Authorization Expiration Date: 10-19-23
/ /	Construction Authorization Expiration Date: LOVIS-LQ

Application # FH 2310 - 0005

Harnett County Department of Public Health Site Sketch

Property Location: III Alban Row, Fuguay - Vacina

Issued To: Jaced + Carissa Smith Subdivision Magnolin Crest Lot # 29

Authorized State Agent: Date: 10-19-23

