Harnett County Department of Public Health

Improvement Permit

A built	ding permit cannot be issued with only an Improvement Permit
ISSUED TO: Sara Whittington your	PROPERTY LOCATION: 10299 US 401 N, Fuguay-Vacina SUBDIVISION LOT #
NEW REPAIR EXPANSION	
1/20 01 311001010	
Proposed Wastewater System Type: GPD	
Number of bedrooms: Number of Occupants.	4 may
Basement Tyes Mo	
<u> </u>	based on final location and elevations of facilities
	Well Distance from wellfeet Permit valid for: Five years
Permit conditions:	■ No expiration
	70.80
5 W/ 1	ARR ZBAS
Authorized State Agent:	Date: 10-19-23 SEE ATTACHED SITE SKETCH
,	the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 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: Sara Wh: 4+: ngton young	PROPERTY LOCATION: 10299 US 401 N, Fuguay - Variaa SUBDIVISION LOT #
450	
Facility Type: EX SFD	□ New □ Expansion □ Repair
Basement? Yes No Basement Fixtures	
Type of Wastewater System**	(Initial) Wastewater Flow: 240 GPD
(See note below, if applicable)	< 1
25% 728-DVC	Ton Syston (Repair)
Installation Requirements/Conditions	umber of trenches
Septic Tank Size 1000 gallons Ex	act length of each trench 100 feet Trench Spacing: Feet on Center
Pump Tank Sizegallons Tr	enches shall be installed on contour at a Soil Cover:inches
M	aximum Trench Depth of: 24->18 inches (Maximum soil cover shall not exceed
T)	rench bottoms shall be level to +/-1/4" 36" above the trench bottom)
in	all directions)
Pump Requirements:ft. TDH vsG	PM inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	00 0 1
WATER LINES (INCLUDING IRRIGATION) MUST BE 1 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAI	OFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. N FIELD AREA.
**If applicable: 1 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
	Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
4	
Authorized State Agent: Jones 2	Manhan Date: 10-19-23
/ /	Construction Authorization Expiration Date: 10-19-28

Harnett County Department of Public Health Site Sketch

Property Location: 10299 US 401 N, Fuguay - Varior	
Issued To: Sara whittington young Subdivision	Lot #
Authorized State Agent: The The The Agents	Date: 16-19-23

