Harnett County Department of Public Health

Improvement Permit

12 S	PROPERTY LOCAT	ION 861 DO	ima Grines Road	(SN 1701)		
155UED TO: APR-Restoration	SUBDIVISION			LOT #		
NEW REPAIR □ EXPANSION □		Site Improvements red	quired prior to Construction Auth	orization Issuance:		
Type of Structure: 3-Gedroom 70 XSC						
Proposed Wastewater System Type: 25% Aedisctor	ON 3)3,					
Number of bedrooms: 3 Number of Occupants:	C max					
Basement Yes No						
	d on final location and elevat			No.		
Type of Water Supply: Community Public W	ell Distance from well	feet feet	Permit valid for:	Five years No expiration		
remit Conditions.				Mo expiration		
Authorized State Agent::	Date:			TTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarantees the issue is subject to revocation if the site plan, plat, or the intended use changes. The	suance of other permits. The permit I e Improvement Permit shall not be a	holder is responsible for che ffected by a change in owne	cking with appropriate governing bodies irship of the site. This permit is subject is	in meeting their requirements. This to compliance with the provisions of		
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this p		, ,	1			
	Construction Aut	horization				
	(Required for Buildin		2 100 10 101 100 100			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 with the attached system layout.	.1956, .1957, .1958. and .1959 are	incorporated by references	into this permit and shall be met. System	ns shall be installed in accordance		
ISSUED TO: APR restoration	PROPERTY	LOCATION: 861	Delma Grines	nd. (sn 1761)		
Facility Type: 3BN 70 X56 STO	New Fxnansi	on Repair		to #		
Basement? Yes No Basement Fixtures?		🗀 мерап				
Type of Wastewater System** 25% A		stern	(Initial) Wastewater Flow:	360 GPD		
(See note below, if applicable)	•					
_25% reduc	tion sys,	(Repair)				
Installation Requirements/Conditions Numb	er of trenches		9			
	length of each trench		Trench Spacing:			
	nes shall be installed on col num Trench Depth of:		Soil Cover: (Maximum soil cover shall	_inches		
	h bottoms shall be level to		36" above the trench bo			
1	directions)		30 above the tremen bo	ttom)		
Pump Requirements:ft. TDH vsGPM	,		ACI	inches below pipe		
			Aggregate Depth: _ ~A	inches above pipe		
Conditions:				inches total		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT		PTIC SYSTEM OR F	EPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	IELD AREA.					
**If applicable: 1 understand the system type specified is diffe	rent from the type specified	d 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						
Construction Authorization is subject to compliance with the provisions of the Laws	and Rules for Sewage Treatment and	Disposal and to the condition	ons of this permit.	ATTACHED SITE SKETCH		
Authorized Constant of Them	1/	W 5	101-212019			
Authorized State Agent:	Construction Authoris		10/07/2019 ate: 10/07/2024	1		
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Permit # NR

Harnett County Department of Public Health Site Sketch

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