Harnett County Department of Public Health

Improvement Permit

,	building permit cannot be issued with only an Improvement Permit
ISSUED TO: Paul & Barbara Bar	PROPERTY LOCATION: 189 Wilbern Rd. (52 1432)
Type of Structure: 3 - Bedroom 651	
Proposed Wastewater System Type: 25% red Projected Daily Flow: 366 GPD	steen ge.
Number of bedrooms: 3 Number of Occu	pants: 6 max
Basement Tres No	yanısnıax
	ired based on final location and elevations of facilities
Type of Water Supply: Community Public	
Permit conditions:	No expiration
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Authorized State Agent::	Date: 10/31/2019 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	intees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This changes. 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 condition	
	Construction Authorization
The second secon	(Required for Building Permit)
with the attached system layout.	1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Paul & Barboura Board	SUBDIVISION BOWD SID LOT # 4
Facility Type: BBN 651×36' SF	New Expansion Repair
Type of Wastewater System** 25%	1 Advition System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
	distron 3, stem (Repair)
Installation Requirements/Conditions	Number of trenches 3
Septic Tank Size 1000 gallons	Exact length of each trenchfeet
Pump Tank Sizegallons	Trenches shall be installed on contour at a Soil Cover: 12 > 6 inches
	Maximum Trench Depth of: $\underline{a4-b16}$ inches (Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
	in all directions)
Pump Requirements:ft. TDH vs	GPM inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	
**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:
	plat, 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:	Construction Authorization Expiration Date: 10/31/2024
	Compared by Mark Dalle.
ANDREW CURIN	construction Authorization Expiration Date: 10/31/2024

Harnett County Department of Public Health Site Sketch

