Harnett County Department of Public Health

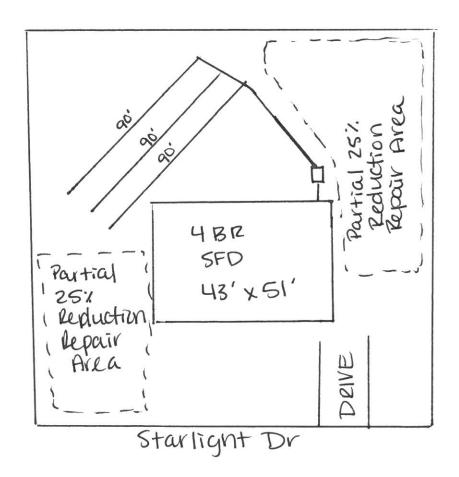
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: A&G Residential		igni Dr, Broadway (Sr	LOT # 14
NEW REPAIR EXPANSION	SUBDIVISION New Horizon	required prior to Construction Authori	
Type of Structure: SFD 43'x51'	site improvements	required prior to construction Authori	zation issuance.
Proposed Wastewater System Type: 25% Reduction			
Projected Daily Flow: 480 GPD			
Number of bedrooms: 4 Number of Occupants: 8	max		***************************************
Basement Yes X No			
	final location and elevations of facilities		
Type of Water Supply: Community Public Well		Permit valid for:	Five years
Permit conditions:			☐ No expiration
A A DA	11111110		ANTHONY MODEL STREET
Authorized State Agent:	Date: 11/14/19		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuan site is subject to revocation if the site plan, plat, or the intended use changes. The Im			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permi		whership of the site. This permit is subject to	compliance with the provisions of
	instruction Authorization		
<u> </u>			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19	(Required for Building Permit)	res into this permit and shall he met Systems	shall be installed in accordance
with the attached system layout.	o, 1731, 1730, and 1737 are incorporated by reserven	tes into this permit and shall be thet. Systems	shall be histaired in accordance
ISSUED TO: A&G Residential		Starlight Dr. Broadwa	
	SUBDIVISION New Hor	zons	LOT # <u>14</u>
Facility Type: SFD 43'x51'	New Expansion Repa	ir	
Basement? Yes No Basement Fixtures?	es No		
Type of Wastewater System** 25% Reduction		(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable)			
25% Reduction	(Repair)		
	f trenches 3		
•	th of each trench 90 feet	Trench Spacing: 9	Feet on Center
1	hall be installed on contour at a		nches
0		7 TOTAL 14	
And the second s	ottoms shall be level to +/-1/4"	36" above the trench botto	omj
in all dir	ctions)		* 1 1 1 2
Pump Requirements:ft. TDH vsGPM			inches below pipe
		00 0	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. F	OM ANY PART OF SEPTIC SYSTEM OF	R REPAIR AREA.	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DRAIN FIEL			
			4.5
**If applicable: 1 understand the system type specified is differen	from the type specified on the applicati	on. I accept the specifications of t	nis permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the inte			
Construction Authorization is subject to compliance with the provisions of the Laws and	sules for Sewage Treatment and Disposal and to the cor	ditions of this permit.	ATTACHED SITE SKETCH
K-M O.1	156	44440040	
Authorized State Agent:		: 11/14/2019	
	Construction Authorization Expiration	Date: 11/14/2024	

Harnett County Department of Public Health Site Sketch

Property Location: 81 Starlight Dr. Broadway (SR# Issued To: A+ BRESIDENTIAL Subdivision NEW HOMZONS	1265)		
Issued To: A+G RESIDENTIAL Subdivision NEW HONZONS		Lot #	14
Authorized State Agent: Ball REHS	Date:	11/14/1	9



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