## Harnett County Department of Public Health

Improvement Permit

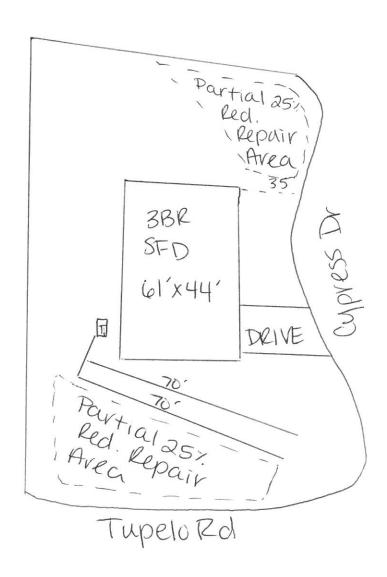
A duilding permit cal	PROPERTY LOCATION: 125 Cypr	ess Dr. Spring Lake	(SP# 3234)
ISSUED TO: Wellco Contractors	SUBDIVISION Hidden Lakes	Good Dr. Ophing Lake	LOT # 1
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:  Type of Structure: SFD 61'x44'			
Proposed Wastewater System Type: 25% Reduction	_		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	_max		
Basement Yes X No			
Pump Required: Yes No May be required based on final Type of Water Supply: Community Public Well Dista		Permit valid for:	★ Five years  ■ The second of the seco
Permit conditions:			☐ No expiration
2 4 2 /			
Authorized State Agent:: Both Auth REHS	Date: 2/26/2020	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in on way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use 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 conditions of this permit.			
Const	ruction Authorization		
(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout.	, 1958, and 1959 are incorporated by references	into this permit and shall be met. Systems s	hall be installed in accordance
ISSUED TO: Wellco Contractors	PROPERTY LOCATION: 125	Cypress Dr. Spring L	ake
SUBDIVISION Hidden Lakes LOT # 1			
Facility Type: SFD 61'x44'	Expansion Repair		
Basement? Yes No Basement Fixtures? Yes	⊠ No		
Type of Wastewater System** 25% Reduction		(Initial) Wastewater Flow: 3	360 GPD
(See note below, if applicable □) 25% Reduction	(Repair)		
Installation Requirements/Conditions Number of tren	ches 2		
	each trench 70 feet	Trench Spacing: 9	Feet on Center
	e installed on contour at a	Soil Cover: 6 in	
	h Depth of: 18-24 inches	(Maximum soil cover shall no	ot exceed
(Trench bottoms	shall be level to +/-1/4"	36" above the trench botto	m)
in all directions	)		
Pump Requirements:ft. TDH vsGPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE			
**If applicable: 1 understand the system type specified is different from	the type specified on the application	. I accept the specifications of th	nis permit.
Owner/Legal Representative Signature:	Date:		
This Construction Authorization is subject to revocation if the site plan, 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: Date: 2/26/2020			
Authorized State Agent: Date: 2/26/2020  Construction Authorization Expiration Date: 2/26/2025			

Application # <u>SFD2001-0</u>043

## Harnett County Department of Public Health Site Sketch

Property Location: 125 Cy 07855 Dr., Spring Lake
Issued To: Well Co Contract of Subdivision Hidden Lakes Lot # 1

Authorized State Agent: Ball Cell REHS-I Date: 226/2020



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