## Harnett County Department of Public Health

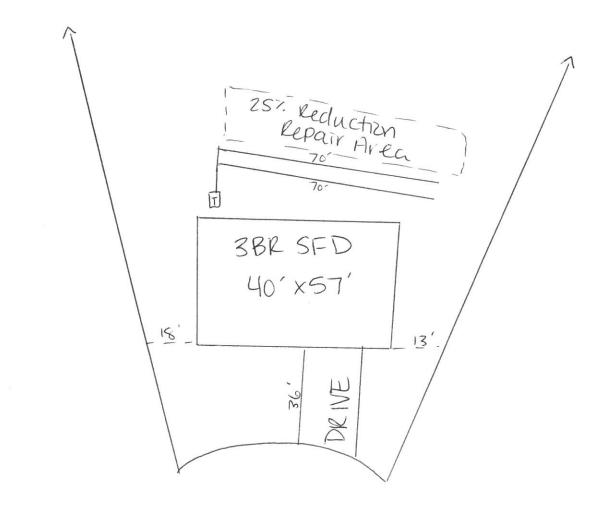
Improvement Permit

	or be issued with only an improvement PROPERTY LOCATION: 45 Raintr		(5R# 3234)
ISSUED TO: Wellco Contractors	SUBDIVISION Hidden Lakes		LOT # 11
NEW REPAIR EXPANSION Type of Structure: SFD 40'x57'		quired prior to Construction Authoriz	80 43
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 lo		D	☑ r:
Type of Water Supply: Community Public Well Distance Permit conditions:	e from well feet	Permit valid for:	➤ Five years  No expiration
Telline Conditions.			- The Expiration
of Alan par	0/00/0000		
	Date: 2/26/2020		HED SITE SKETCH
The issuance of this permit by the Health Department in mo way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Constru	uction Authorization		
(Requ	uired 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 sl	nall be installed in accordance
ISSUED TO: Wellco Contractors		aintree Ln, Spring La	
	SUBDIVISION Hidden La	kes	LOT # <u>11</u>
Facility Type: SFD 40'x57'	Expansion Repair		
	<b>⋈</b> No		
Type of Wastewater System** 25% Reduction		(Initial) Wastewater Flow: 3	60 GPD
(See note below, if applicable )	28 83		
	(Repair)		
Installation Requirements/Conditions  Number of trench		T 0	
1	ach trench 70feet	Trench Spacing: 9	
Control of the contro	installed on contour at a		ches
	Depth of: 18-24 inches	(Maximum soil cover shall no	
	hall be level to +/-1/4"	36" above the trench botton	n)
Pump Requirements:ft. TDH vsGPM			inches below pipe
rump requirements		100 tono ty	inches above pipe
Conditions:		Aggregate beptil.	inches total
Conditions.			menes total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	Y PART OF SEPTIC SYSTEM OR I	REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA		TELL PHILESTY	
		1	
**If applicable: 1 understand the system type specified is different from the	ie type specified on the application.	. I accept the specifications of thi	is permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use ch	nanges. The Construction Authorization shall not	be transferred when there is a change in own	ership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	wage Treatment and Disposal and to the condit	ons of this permit. SEE AT	TTACHED SITE SKETCH
2 M/11	- 7		
Authorized State Agent: Don't MET	B-L Date:	2/26/2020	
	uction Authorization Expiration D	ate: 2/26/2025	

## Application # <u>SIFD 2001-00</u>46

## Harnett County Department of Public Health Site Sketch

Authorized State Agent: Ball all a ELS. T	Property Location: 48 Kantrel Ln Somalake	
Authorized State Agent: BAAAha a ENS.T	Issued To: Wellow Contractors Subdivision Hiddlenlares	Lot # \\
Date: Algold AC	Authorized State Agent: Ball ach REHS-I	Date: 2/26/2020



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