## Harnett County Department of Public Health

Improvement Permit

SPEND   SPAND   SPAND   SPAND   SPAND   SPAND   SpanDisson   SpanDis	A building permit cannot be issued with only an Improvement Permit
Site Improvements required prior to Construction Authorization Insurance.    Specific Daily Toke	PROPERTY LOCATION: 231 Chasley Lave (Matthew Road
Type of Marce System Types	1220FD 10: HEACH 2011/200 [0] #
Proposed Wasteroster System Type:    Save	
Projected Daily Flow:    Number of Defocusions:   Number of Decogamin:   Number of Decogami	
Number of Decopants:	
Basement   se	
Pump Required   re   No   May be required based on final location and elevations of facilities   Permit valid for:   Permit valid for:   No expiration   No ex	Number of bedrooms: Number of Occupants: 2 max (SiZED 2-3edicon)
Type of Water Supply:   Community   Public   Well Distance from well   See   Permit valid for:   See ATTACHED SITE SEETCH   No expiration   No	
Permit conditions:	
Authorized State Agent:  The rousance of this permit by the Richin Dipartment in on any guarantees the number of other permit, the permit of the first his partners are now any guarantees. The improvement Permit shall not be affected by a change in ownership of the size. This permit is subject to compliance with the previous of the Lavis and Aules for Newage Freatment and Dioposal and to continues of this permit.    Construction Authorization   Required for Building Permit	
The sources of this permit by the Reach Operation on way parameters the source of other porms, the permit holder is responsible for decing with appropriate powering hoter requirements. This is nables to revealed of the set. This permit is subject to compliance with the previous of the Laws and Aules for Swage Trainment and Disposal and to conditions of this permit.    Construction Authorization   (Required for Building Permit)	Permit conditions: No expiration
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Construction Authorization    Required for Building Permit	Authorized State Agent: Date: 02/24/2020 SEE ATTACHED SITE SKETCH
Construction Authorization    Required for Building Permit	The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
Construction Authorization  (Required for Building Permit)  The construction and initialization requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system (apout.)  The construction and initialization requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system (apout.)  The property Location:  SubDIVISION  PROPERTY LOCATION:  33   Checkly   Caro   Carollelian    Facility Type:  10T #  PROPERTY LOCATION:  23] Checkly Type:  10T #  Facility Typ	the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.
Required for Building Permit	
Required for Building Permit	Construction Authorization
The construction and insulation requirements of Rules 1910, 1952, 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by reference into this permit and shall be met Systems shall be installed in accordance with the attached system layout.  PROPERTY LOCATION: 2:3) Checked Card (Highland Card Children)  SUBDIVISION   Repair  Basement?   Yes   No Basement Fixtures?   Yes   No Basement Fixtures?   Yes   No Cord   Repair   Basement System*   25% New   Expansion   Repair   Basement System*   25% New   Expansion   Repair   Basement Genote below, if applicable   System shall be installed on contour at a Soil Cover:   Sinches   Maximum Trench Depth of:   26 inches   36 above the trench bottom)  In all directions)  Pump Requirements/Conditions   Repair   Bush Size   Genote below in all directions   Septic Tank Size   gallons   Frenches shall be level to +/-1/4"   36" above the trench bottom)  In all directions   Aggregate Depth:   No   Aggregate Depth:   No   Inches total    WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.  "If applicable:   Lunderstand the system type specified is different from the type specified on the application.   Accept the specifications of this permit.  Dare:   Date:   Date:   Downer/Legal Representative Signature:   SEE ATTACHED SITE SKETCH	
Subplyision	
SSUED TO:   Accord   Subdivision   PROPERTY LOCATION: 2.3]   Creation   Conditions:   Conditions:   Subdivision   Repair	The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.
Facility Type:   Peach   Pea	
Facility Type:   Peach   Pea	15SUED TO: ACOON JUNGSON Jr PROPERTY LOCATION: 23) Chester (one Mythers Road
Facility Type:	
Basement? Yes No Basement fixtures? Yes No Basement fixtures? Yes No Type of Wastewater System*  (See note below, if applicable Number of trenches System (Repair)    Installation Requirements/Conditions	
See note below, if applicable	
Septic Tank Size   CONGRIGIONS   Stact length of each trenches   3	
Installation Requirements/Conditions	
Installation Requirements/Conditions	1 STATE ALL
Exact length of each trench    Complete Tank Size   Complete   Get   Get	as to reduction System (Repair)
Pump Tank Size gallons	Installation Requirements/Conditions Number of trenches3
Pump Tank Size gallons	Septic Tank Size 1000 gallons Exact length of each trench 60 feet Trench Spacing: Feet on Center
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions)  Pump Requirements:	Pump Tank Sizegallons
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions)  Pump Requirements:	Maximum Trench Depth of: 20 inches (Maximum soil cover shall not exceed
Pump Requirements:	
Pump Requirements:	West control and a control of the co
Aggregate Depth:	
MATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.  **If applicable: I 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:  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	
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ANDREW CORIN Construction Authorization Expiration Date: 02/24/2025	Authorized State Agent: C Date: 6212412026
Construction Authorization Expiration Date.	Construction Authorization Projection Date: (22) 211 2025
	Mesor Construction Authorization Expiration Date.

## Harnett County Department of Public Health Site Sketch

Issued To: Aaron Tohnson	Tr. Subdivision_	Lot #
Authorized State Agent:		##5 Date: 62/24/2020
Authorized State Agent.	ANDREW CUMIN	Date. (2) 44   404
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This drawing is for illustrative purpose	es only. System installation must meet	all pertinent laws, rules, and regulations.
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