## Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit	
T-5C 0	PROPERTY LOCATION: 335 Hobby Road (52	1406)
ISSUED TO: Jeff Payre		LOT #
NEW REPAIR D EXPANSIO		ation Issuance:
Type of Structure: 4-Bedicon 66'x	K'SFD	
Proposed Wastewater System Type: 25% No.	dutien 35.	
Projected Daily Flow:GPD		
Number of bedrooms: 4 Number of Occup	ants:@max	
Basement Yes No		
Pump Required: Yes No May be requi	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public		Eive years
Permit conditions:		☐ No expiration
	7	
Authorized State Agent::	Date: 02/24/2020 SEE ATTAC	HED SITE SKETCH
	ntees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in m	
	hanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to cor	
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit.	
	Construction Authorization	
The construction and installation requirements of Pulse 1000, 1003, 10	(Required for Building Permit)	W. L W. L
with the attached system layout.	954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems sh	iall be installed in accordance
State of a state of the state o		
ISSUED TO: JEFF Payre	PROPERTY LOCATION: 335 Hobby Road (	shiteo)
ISSUED TO: JEFF Payre PROPERTY LOCATION: 335 Hobby Road (52:40)  SUBDIVISION		
Facility Type: 4-B1 C6'xC6'ST New Expansion Repair		
Type of Wastewater System** 25% reduction 5,5km (Initial) Wastewater Flow: 480 GPD		
(See note below, if applicable )	,	
25% red	oction Seten (Repair)	
Installation Requirements/Conditions	Number of trenches 4	
Septic Tank Size 1250 gallons	Exact length of each trench	eet on Center
Pump Tank Sizegallons		ches
fully raily size	Maximum Trench Depth of: A inches (Maximum soil cover shall not	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	n)
	in all directions)	
Pump Requirements:ft. TDH vs	_GPM	inches below pipe
		inches above pipe
Conditions: Gravity to D. Box	Egual Distribution regured	inches total
9	1	
WATER LINES (INCLUDING IRRIGATION) MILET D	E THE EDOM ANY DADT HE CERTIC CYCTEM OR DEDAID AREA	
	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.	
**If applicable: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.		
applicable. I understand the system type specimed	to otherent from the type specified on the application. I accept the specifications of this	perme.
O /I   D   C	<b>D</b>	
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.		
Authorized State Agent: O2/24/2020		
Construction Authorization Funivation Date: 02/01/1/2025		
ANDREW CURRI	Construction Muthorization Expiration Date:	

## Harnett County Department of Public Health Site Sketch