Harnett County Department of Public Health

Improvement Permit

A bunuing perior cann	PROPERTY LOCATION: 1506 Erwin Chapel Rd. (52 2011)
155UED TO: Godin Cont. & Devipment	SUBDIVISION LOT #
NEW REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-Bedroom 46'x76' SFT	
Proposed Wastewater System Type: 25% reduction 35.	
Projected Daily Flow: 366 GPD	
_	max
Basement Tes No	
Pump Required: Yes No May be required based on final lo	
Type of Water Supply: Community Public Well Distant	
Permit conditions:	No expiration
Authorized State Agent::	Date: 03/24/2020 SEE ATTACHED SITE SKETCH
	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.	
Constru	uction Authorization
(Req	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 shall be installed in accordance
	00000000 1501 - 1000 0 0 0 1 (50 261)
Facility Type: 382 46 X76 SFD New PROPERTY LOCATION: 1506 Erwin Chape) Repair	
Facility Type: 382 46 X76 SFD New	T Expansion Repair
Basement? Yes No Basement Fixtures? Yes	□ No
\	
(See note helow if applicable \(\Pi\)	cion System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable Domp to 25% Redo Installation Requirements/Conditions Number of trench	(Ponsis)
Institution Descriptions of Control of State of	(Repair)
	, c
	installed on contour at a Soil Cover: _/cinches
	Depth of:inches (Maximum soil cover shall not exceed
The second of th	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: Gravity to D-Box Equal Dis	stribution regulard Inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	UV PART OF CERTIC CYCTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	l
**If applicable: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.	
0	Dates
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	
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Authorized State Agent: Date: 03/24/2026	
ANDREWS CURRING Construction Authorization Expiration Date: 03/24/2025	

Harnett County Department of Public Health Site Sketch

