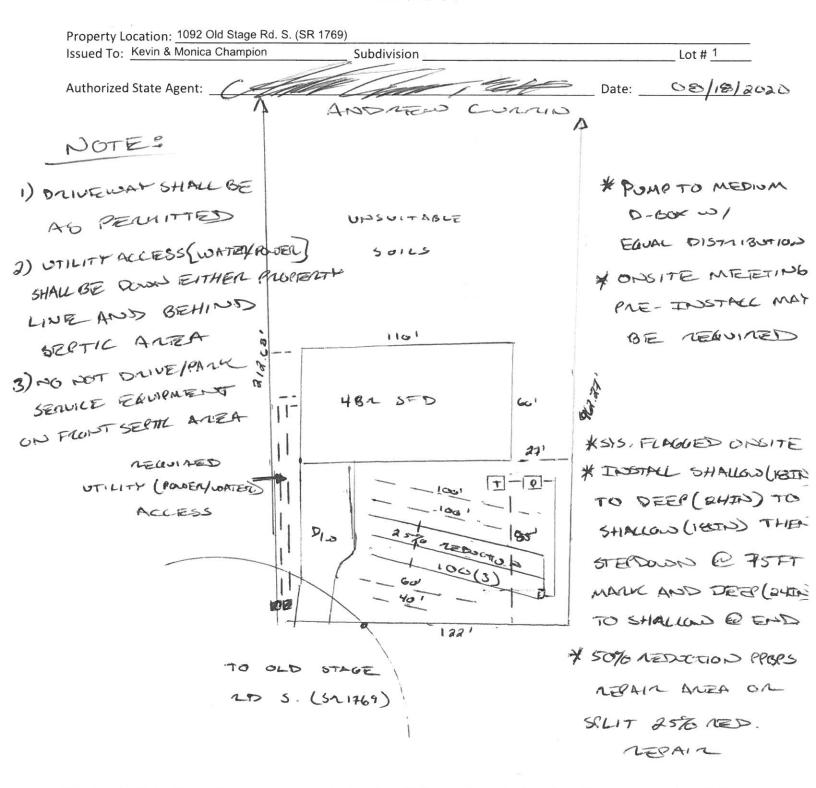
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Kevin & Monica Champion NEW REPAIR EXPANSION Type of Structure: 79x78 (4 bedroom/3.5 ba) w/qarz Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8 Basement Yes No Pump Required: Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well NA Feet Permit valid for:	LOT # 1
Authorized State Agent:: Date: SEE ATT 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 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ACHED SITE SKETCH meeting their requirements. This compliance with the provisions of
Construction Authorization (Required for Building Permit) 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.	
Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall reference bottoms shall be level to +/-1/4" 36" above the trench bottoms all directions) Pump Requirements: ft. TDH vsGPM NA	LOT # 1 480 GPD Feet on Center inches not exceed
Conditions: Pump to D-Box Equal Distribution; Stepdown required Aggregate Depth: NA NA NA NA WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	inches above pipe
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of the application of the application.	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 or Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sawage Treatment and Disposal and to the conditions of this permit. SEE	wnership of the site. This ATTACHED SITE SKETCH
Authorized State Agent: Date: Construction Authorization Expiration Date: Collision State Agent: C	

Harnett County Department of Public Health Site Sketch



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