## Harnett County Department of Public Health

Improvement Permit

A but	ilding permit cannot be issued with only an Improvement Permit	521715
ISSUED TO: TANHELL SERVICES & CO.	PROPERTY LOCATION: 57 MORRISON DR. (M	LOT # PARC
NEW REPAIR EXPANSION		ization Issuance:
Type of Structure: 3-BEDTOON 52'X48		
Proposed Wastewater System Type: 25% NES	30102	
Projected Daily Flow: 360 GPD  Number of hedrooms: 5 Number of Occupant	s: 6 max	
	z:max	
	based on final location and elevations of facilities	
Type of Water Supply: Community Public		Five years
Permit conditions:	Termit valid for.	No expiration
Termit conditions.		_ no expiration
120		
Authorized State Agent::	M/643 Date: 65/29/2020 SEE ATT	ACHED SITE SKETCH
	the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in	
	es. 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.	
	Control Andrian	
	Construction Authorization	
	(Required for Building Permit)	
	.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.		5~1715
ISSUED TO: TARHELL SERVICES &	CONST. PROPERTY LOCATION: 57 MORRISON DR.	(MEADOWLANK RD
1330ED 10	SUBDIVISION MEADOWRIDGE	LOT # PARC
Facility Type: 381 52'x48' 575		
7 71	New Expansion Repair	
Basement? Yes No Basement Fixture		2( )
Type of Wastewater System**	NESSUTION SES. (Initial) Wastewater Flow:	SLO GPD
(See note below, if applicable )		
	NCTON 3'S. (Repair)	
Installation Requirements/Conditions N	umber of trenches 3	
Septic Tank Size 1000 gallons E	xact length of each trench <u>80</u> feet Trench Spacing: <u>9</u>	Feet on Center
		nches
	aximum Trench Depth of: 22 inches (Maximum soil cover shall n	
	French bottoms shall be level to +/-1/4"  36" above the trench bottom	
,		oiii)
	n all directions)	:L
Pump Requirements:ft. TDH vs0		inches below pipe
( 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Aggregate Depth: ~~A	inches above pipe
Conditions: GRADITY TO D.	BOX FEQUAL DISTRIBUTION N	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 1	IOFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IN FIELD AREA.	
THE OF THE PROPERTY OF THE PRO		
**If applicable: I understand the system type specified is	different from the type specified on the application. I accept the specifications of the	his permit.
Owner/Legal Representative Signature:	Date:	
	or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ov	vnership 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.	ATTACHED SITE SKETCH
Authorized State Agent:	Com 1845 Date: 65-/29/2020	-
,	Construction Authorization Expiration Date: 05/29/2025	_
ANDREW CURUN	construction Authorization Expiration Date	

## Harnett County Department of Public Health Site Sketch

Property Location:	54 MORRISON DR. (MENDON	MR 20 - 521715)
	L BETWICES & CONST. Subdivision ME	
Authorized State Agen	t: Mulmoren curan	Date: 00/29/2020
	116.48 1 ~ E ~ ~ E	# GRAVITY TO D-BOX  EDUAL DISTRIBUTION  HTHREE (3) 80 FT LINES  OR  FOUR (4) 60 FT LINES  PERMISSIBLE  # PUMP MAY BE RECUIRED  IF PLUMBING IS  STUBBED INCORNETLY  ON TO DIEEP
4	7 (20   341	

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

MORNISON BRIVE