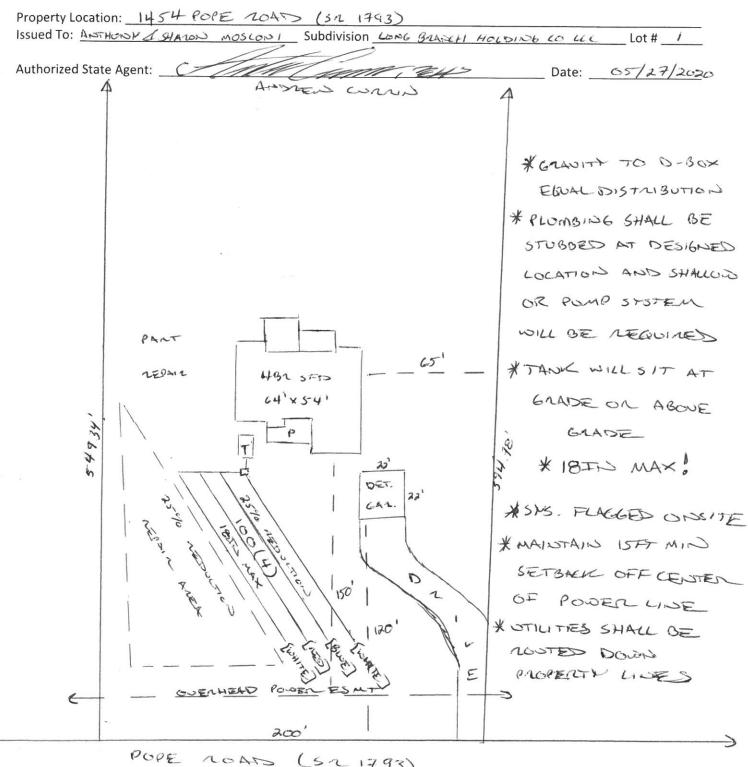
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: ANSTONY & SHARON MOSCONI SUBDIVISION LONG BRANCH HOLDING			
LUI #			
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 4-3=01e01 64'×54' 5=0			
Proposed Wastewater System Type: 25% NEDOCTION	<u> </u>		
Projected Daily Flow: 486 GPD	51>-		
Number of bedrooms: 4 Number of Occupants: 8	max		
Basement Yes A No			
Pump Required: Yes No May be required based on fire	nal location and elevations of facilities		
Type of Water Supply: Community Public Well D	stance from well	Permit valid for:	Eive years
Permit conditions:		Termit valid for.	No expiration
			The Expiration
Automatical Court of Control of C			
Authorized State Agent:	Date: 05/27/	12020 SEE ATT	ACHED SITE SKETCH
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 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.	the result shall not be affected by a change in own	nership of the site. This permit is subject to	compliance with the provisions of
Cons	struction Authorization		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1 with the attached system layout	Required for Building Permit)		
with the attached system layout.	197, 1790. And 11994 are incorporated by references	s into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: ANTHONY & SHARON MOSCONI PROPERTY LOCATION: 1454 POPE ROAM (521793)			
Facility Type: 4-32 64'X54'55 New Expansion Repair			
Total (III)			
Type of Wastewater System** 25% nes	DUTION ST3.	(Initial) Wastewater Flow: _	480 GPD
(See note below, if applicable)			
25% NEDUCTION			
	nches		
	of each trench 100 feet	Trench Spacing:9_	
	be installed on contour at a	Soil Cover:ir	nches
	ch Depth of: 18 inches	(Maximum soil cover shall no	ot exceed
(Trench botton	ns shall be level to +/-1/4"	36" above the trench botto	om)
in all direction	5)		*
Pump Requirements:ft. TDH vsGPM		-NA	inches below pipe
*		Aggregate Depth: 104	inches above pipe
Conditions: CRAVITY TO D-BOX EGIA	L DISTUBUTION		A inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	FΔ	THE PARENT.	
The state of the s			
**If applicable: 1 understand the system type specified is different from	the type specified on the application.	I accept the specifications of th	is permit.
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			
A THE LAWS AND WILLIAMS AND HAIRS TO	reage reachent and disposal and to the condition	ins of this permit.	MACHED SITE SKETCH
Authorized State Agent:	and the same of	4-10-1-	
	Date:	05/27/2020	_
ANDREW CURVIN LONG	truction Authorization Expiration Da	10. 05/27/2075	-

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.