Harnett County Department of Public Health

Improvement Permit

A building permit can	PROPERTY LOCATION: 1115 PONFOY ROAD (511446)
ISSUED TO: NOBERT POPE BLDS LLC	SUBDIVISIONLOT #
NEW ☑ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-6=Droom 75'x 48' 57	
Proposed Wastewater System Type: 25% NEDUCTION 3	575.
Projected Daily Flow: Y8G GPD	
Number of bedrooms: 4 Number of Occupants: 8	_max
Basement ☐ Yes ♣ No ☐ May be required based on final lo	
Pump Required: Yes No May be required based on final lot Type of Water Supply: Community Public Well Distan	
Permit conditions:	No expiration
	по схриации
Authorized State Agent::	5 Date: 07/31/2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	er permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Constr	uction Authorization
	quired for Building Permit) 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.	
ISSUED TO: NOBERT POPE GLDS LLL	PROPERTY LOCATION: 1115 PONTOT NOAD (3~ 1446) SUBDIVISION
Facility Type: 4BR 75 × 48 SFS New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	No Repair
	CTION 5 757 Em (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	(Illitial) Wastewater Flow OFD
	S. S. (Repair)
Installation Requirements/Conditions Number of trench	
	each trench
	e installed on contour at a Soil Cover: /> inches
Maximum Trench	
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	source the tenen bottom)
Pump Requirements: ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: CRAVITY TO D-BOX ECUAL	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	
** If applicable: I understand the system type specified is different from t	the type specified on the application. I accept the specifications of this permit.
applicable. I understand the system type specified is different from the	the type specified on the apprication. Taccept the specifications of this period.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use c	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 S	
	2
Authorized State Agent:	1111 Date: 67/31/2020
	ruction Authorization Expiration Date: 04/31/2025

Harnett County Department of Public Health Site Sketch

