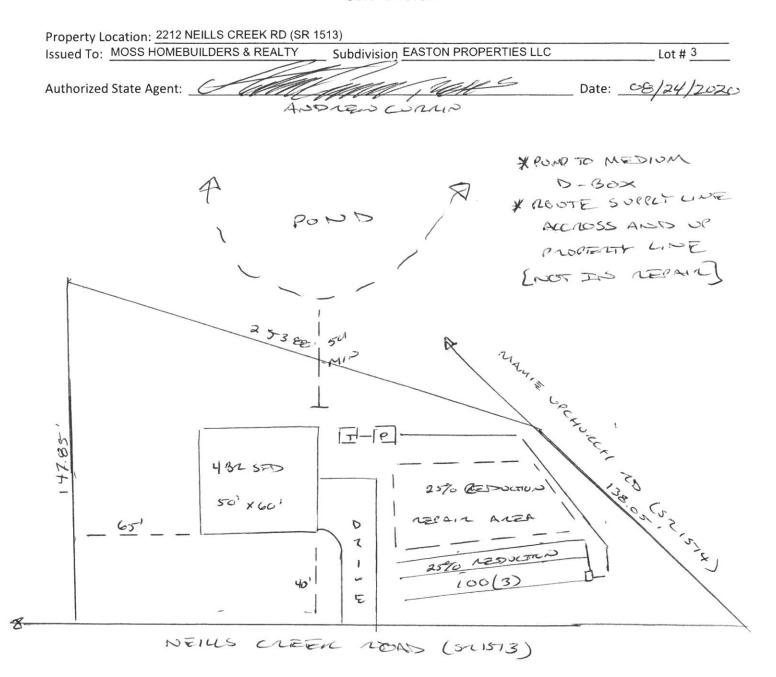
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

		S & REALTY SUBDIVISION EAS	STON PRO		LOT # 3
NEW REPAIR Type of Structure: 50'x60' 2 Proposed Wastewater System Type	4-BR SFD		e improvements re	quired prior to Construction Author	zation issuance:
Projected Daily Flow: 480	GPD	CHONSIS			
Number of bedrooms: 4	Number of Occu	pants: 8max			
Basement Yes No					
Pump Required:		uired based on final location and elevations	s of facilities		
Type of Water Supply: Comm	nunity 🔀 Public	Well Distance from well NA	feet	Permit valid for:	Five years
Permit conditions:		7-7			No expiration
	111				
	n, plat, or the intended use	Date: Interes the issuance of other permits. The permit holder changes. The Improvement Permit shall not be affected ins of this permit.		ecking with appropriate governing bodies in	
		Construction Author	orization		
		(Required for Building I			
The construction and installation requireme with the attached system layout.	nts of Rules .1950, .1952, .	1954, .1955, .1956, .1957, .1958. and .1959 are inco	orporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: MOSS HOM	/EBUILDER			NEILLS CREEK REPROPERTIES LLC	O (SR 1513)
Facility Type: 50'x60' 4-E	3R SFD	New Expansion	☐ Repair		
Basement? Yes	No Basement Fix	ctures? Yes No			
Type of Wastewater System**	PUMP TO 2	25% REDUCTION SYST	EM	(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable		orgy permittion over			
		25% REDUCTION SY(Re	epair)		
Installation Requirements/Condit		Number of trenches 3	-	T 16 : 0	
Septic Tank Size 1000	gallons	Exact length of each trench 100	feet	Trench Spacing: 9	Feet on Center
Pump Tank Size 1000	gallons	Trenches shall be installed on contor Maximum Trench Depth of: 24	ur at a inches	Soil Cover: 12i (Maximum soil cover shall n	nches
		(Trench bottoms shall be level to +		36" above the trench bott	
		in all directions)	7-1/7	30 above the trench bott	omj
Pump Requirements:	ft. TDH vs.	GPM		NA	inches below pipe
		-		Aggregate Depth: NA	inches above pipe
Conditions: PUMP TO N	/IEDIUM D-B	OX		NA	
WATER LINES (INCLUDING IF NO UTILITIES ALLOWED IN II		BE 10FT. FROM ANY PART OF SEPTI DRAIN FIELD AREA.	IC SYSTEM OR	REPAIR AREA.	
**If applicable: / understand the	system type specifie	d is different from the type specified on	n the application	. I accept the specifications of t	his permit.
Owner/Legal Representative Signature: Date:					
		plat, or the intended use changes. The Construction	Authorization shall not	be transferred when there is a change in or	wnership of the site. This
Construction Authorization is subject to con	npliance with the provisions	of the Laws and Rules for Sewage Treatment and Disp	oosal and to the condit	ions of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:		al am the	Date:	08/24/2020 Date: 08/24/2029	
Answer Construction Authorization Expiration Date: 08/24/2025					

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.