App# 543 2008-0037

Harnett County Department of Public Health

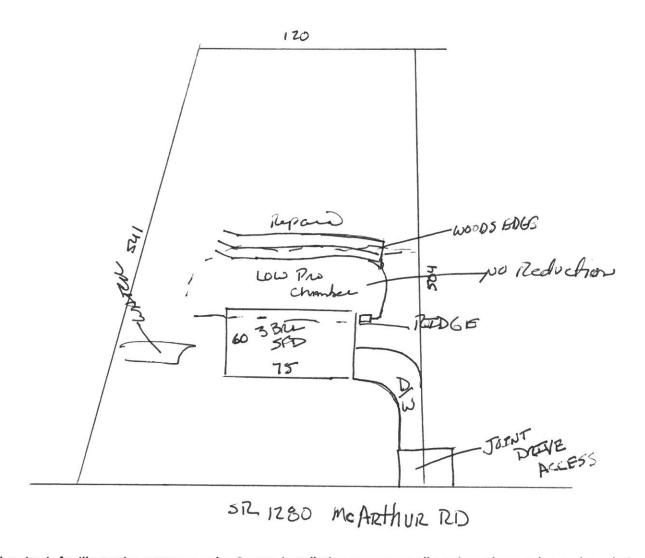
Improvement Permit

A D	pondenty inca	n only an improvement	Ac Arthur ROK	#
ISSUED TO: Homerow for Promo tro- a	N.C. Wesubdivision	110112-1-0	16 AJON CO.	LOT # L
NEW REPAIR EXPANSION		Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: SFD				
Proposed Wastewater System Type: 25% (25%)	Elen_			
Projected Daily Flow: GPD	1			
Number of bedrooms: Number of Occupa	nts:max			
Basement Ifes I No Pump Required: Yes No May be require	ed based on final location and eleva			
	Well Distance from well		Permit valid for:	Five years
Permit conditions:	wen bistance nom wen	KCI	remit valle for.	No expiration
S M	1 1843	9-10	7-	
Authorized State Agent: (Ass)	Date:			ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante site is subject to revocation in the site plan, plat, or the intended use cha				
the Laws and Rules for Sewage Treatment and Disposal and to conditions	,	, ,		

	Construction Au	thorization		
	(Required for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .195	4, .1955, .1956, .1957, .1958, and .1959 ar	e incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: HARRINGTON Properties	FN.C. UC PROPERTY	LOCATION: Soc/Z	20 M Arothur	CO
	SUBDIVISIO)N		LOT #
Facility Type:	_ New Expans	ON Repair		
, ,,	res? Yes			
Type of Wastewater System** 25% Role	, – , –		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable)				
25% /50%	Ropuson	_(Repair)		
Installation Requirements/Conditions	Number of trenches 3		^	
Septic Tank Size 1000 gallons	Exact length of each trench	feet	Trench Spacing:	Feet on Center
	Trenches shall be installed on co	ontour at a	Soil Cover:	nches
	Maximum Trench Depth of:	inches_	(Maximum soil cover shall n	not exceed
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs	_GPM		6	inches below pipe
			Aggregate Depth: Z	inches above pipe
Conditions:				2 inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF S	EPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR	AIN FIELD AREA.			
**If applicable: / understand the system type specified	is different from the type specific	ed on the application	I accent the specifications of t	this permit
in applicable. I understand the system type specimed i	3 Unierent nom the type specine	о он те аррисатон.	Taccept the specifications of t	nis permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, pla	ut, or the intended use changes. The Constru-	tion Authorization shall not		wnership of the site. This
Construction Authorization is subject to compliance with the provisions of t	177		****	ATTACHED SITE SKETCH
_ 2	1 / 1	CHK		
Authorized State Agent: 2	Janhon F 1	Date:	9-10-20	
. 0	Construction Author	ization Expiration D	9-10-20 late: 9-10-26	5

Harnett County Department of Public Health Site Sketch

Property Location: SCIZED INC ANTHUR ID		
Issued To: Hanington Property Subdivision		Lot # _ /
Authorized State Agent: Manhar JET 73/15	_ Date: _	5-10-20



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