Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be	issued with only an Improvemen	it Permit		
ISSUED TO: LAMCO CUSTOM BUE	Ideus LLC SUBE	ERTY LOCATION: SCIII7 A DIVISION ROSE MON	WISERY (OD	LOT # 10	
NEW REPAIR EXPANSI	ON 🗌	Site Improvements re	equired prior to Construction Author	rization Issuance:	
Type of Structure: SFD Proposed Wastewater System Type: 252 TGDU	(7m)	distributed the factor of the second section of the section of the second section of the secti			
Projected Daily Flow: GPD	aub				
Number of bedrooms: 3 Number of Occu	upants: 6 max	V			
Basement Yes No					
Pump Required: Yes No May be req	uired based on final location	and elevations of facilities			
Type of Water Supply: Community Public Permit conditions:	Well Distance from	n well feet	Permit valid for:	Five years No expiration	
MED STATES OF THE STATE OF THE STATES OF THE	1 1 101	PRAS			
The state of the s	1 show the	Date: 5'-30-2	2		
Authorized State agent: The issuance of this permit by the Health Department in no way guard	antees the issuance of other permits			ACHED SITE SKETCH	
site is subject to revocation the site plan, plat, or the intended use	changes. The Improvement Permit s	hali not be allected by a change in own	ecking with appropriate governing bodies in tership of the site. This permit is subject to	compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition	ins of this permit.	,	,	temperature man the provisions of	
	Construction	on Authorization			
		for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	1954, .1955, .1956, .1957, .1958. a	nd .1959 are incorporated by references			
ISSUED TO: LAMCO CUSTOM BC	alders UC ,	ROPERTY LOCATION: 52-1	117 Mussay	RS	
	(1	URDIVISION ROSE	nont	10T # //	
Facility Type: SFD	New D	Expansion Repair			
, ,,	tures? Yes No				
Type of Wastewater System** Fund to		70 505/B	(Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable 1)		. /	(0, 0	
Jan tol	50 Reduc	fun (Repair)			
Installation Requirements/Conditions	Number of trenches	3			
Septic Tank Size 1000 gallons	Exact length of each tre	ench 60 feet	Trench Spacing: 2	Feet on Center	
Pump Tank Size 1000 gallons	Trenches shall be install			nches	
		of: 24-18 inches	(Maximum soil cover shall no		
	(Trench bottoms shall be		36" above the trench botto		
	in all directions)	c level to something	30 above the trench botto	,,,,,	
Pump Requirements:ft. TDH vs	GPM		6	inches below pipe	
			Aggregate Depth:		
Conditions:			nggregate beptil.	/2inches total	
				menes total	
WATER LINES (INCLUDING IRRIGATION) MUST E	DE TOET EDOM ANY DAT	OT OE CEPTIC CVCTEM OD I	CDAID ADEA	the same and the control of the same and the	
		(I OF SETTIC STSTEM OK I	EFAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELD AKEA.				
**If applicable: / understand the system type specified	is different from the type	e specified on the application.	I accept the specifications of th	his permit.	
Owner/Legal Representative Signature:	ner/Legal Representative Signature:				
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Tre	eatment and Disposal and to the condition	ons of this permit. SEE A	TTACHED SITE SKETCH	
Authorized State Agent Date: 5-30-20					
Authorized State Agent. 2	CANHAR!	Date:	9-30-20 ate: 9-30-23	-	
	Construction	Authorization Expiration D	ate: 5-30-23	NAME AND DESCRIPTION OF THE PARTY OF THE PAR	

Harnett County Department of Public Health Site Sketch

Property Location: 201117 NURSERY RU Subdivision Lot # /4 Authorized State Agent: Date: 4-30-20

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