## Harnett County Department of Public Health

0069

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: JURSERY TOD
ISSUED TO: LAMCO CUSTOM Buelders	LLC SUBDIVISION ROSEMONT LOT # 12
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD	Services and products according to the services of the service
Proposed Wastewater System Type: 252 TEDUCTOD	
Projected Daily Flow: 360 GPD	,
Number of bedrooms: Number of Occupants: G	<u>max</u>
Basement Ves No	violate contraction and a surface contraction of the contraction of th
	n final location and elevations of facilities
	Distance from well feet Permit valid for: Five years No expiration
Permit conditions:	— no expiration
· 11	ASE REAS
Authorized State Agent: (Ashan	Date: 9-30-20 SEE ATTACHED SITE SKETCH
	ice of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This provement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the site.
Co	onstruction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .195	56, .1957, .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: LAMOS Coston Burldons	SUC PROPERTY LOCATION: 52/117 MISSRY TOS SUBDIVISION ROSEMONT LOT # 12
SEN M	New Expansion Repair
Facility Type: No Basement Fixtures?	
	and a stewater flow.
(See note below, if applicable )	7.7.2
	()
	of trenches 4 gth of each trench <b>50</b> feet Trench Spacing: <b>9</b> Feet on Center
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	TO THE PROPERTY OF THE PROPERT
in all dire	
Pump Requirements:ft. TDH vsGPM	
6 11:	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FF	ROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIEL	D AREA.
** If applicable: I understand the system type specified is different	t from the type specified on the application. I accept the specifications of this permit.
il applicable. I understand the system type specified is different	the type specified on the application. Tackett the specifications of this permit.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature:	ended 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	CPP ATTACHED CITE CUPTON
Authorized State Agent Date: 5-70-20	
Authorized State Agent.	Construction Authorization Expiration Date: 5-30-25
	Constitution Authorization Expiration Date.

## Harnett County Department of Public Health Site Sketch

Property Location: 3/11/7 NUXS GRU RA Lot # / Z Authorized State Agent: G

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