Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued wi	th only an Improvement	Permit Permit	
Lanca Circha B-	PROPERTY LOC	ATION: SCIII7 N	WISERY 12D	
ISSUED TO: LAMO CUSTOM BUEL				LOT # 14
NEW REPAIR EXPANSIO	N 🔲	Site Improvements re-	quired prior to Construction Author	orization Issuance:
Type of Structure: SYSTEM Type: 252 REDUCE	(Man)	AND SECTION OF THE PROPERTY CONTRACTOR AND ASSESSED.	energi, erroyaldishineye isi ili kapitalishinene erroyali ili erri errokan ili erroya erroya erroya erroya err	
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occup	pants:max			
Basement Yes No		or contributions, and determinant or contribution of contributions of the contribution	and the contraction of the contr	
Pump Required: Yes No May be requi	ir <u>ed</u> based on final location and elev			
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	feet	Permit valid for:	☐ Five years ☐ No expiration
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The state of the s	4 share to	9-31-2	() (((47	TACHED SITE SKETCH
Authorized State agent: The issuance of this permit by the Health Department in no way guarar site is subject to revocation. The site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be	t holder is responsible for che	cking with appropriate governing bodies i	n meeting their requirements. This
	Construction Au	thorization		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, .1955, .1956, .1957, .1958, and .1959 a	re incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: LANCO CUSTOM BUS	Elders LLC PROPERTY	LOCATION: 52	117 Mussay	LOT # 14
		ON ROSER	nont 1	LOT # _ <i>19</i>
Facility Type:SIT-IS	New Expan	sion 🗌 Repair		
Basement? Yes No Basement Fixt	tures? Yes No			3/ >
The second secon	DULTION Systie	, marie 1	(Initial) Wastewater Flow:	_560_ GPD
(See note below, if applicable) 25% (Bourn	_(Repair)		
Installation Requirements/Conditions	Number of trenches		0	
Septic Tank Size 1000 gallons	Exact length of each trench _	Leo feet	Trench Spacing:	Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on c	ontour at a	Soil Cover:	inches
	Maximum Trench Depth of:	24-518 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level	0 +/-1/4"	36" above the trench bot	tom)
	in all directions)		,	
Pump Requirements: ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	2 inches above pipe
Conditions:				12 inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	BE 10FT. FROM ANY PART OF S	EPTIC SYSTEM OR F	REPAIR AREA.	againe, ann ann an ann an aire an an ann an ann an ann an ann an an an
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**If applicable: 1 understand the system type specified	is different from the type specifi	ed on the application.	I accept the specifications of	this permit.
wner/Legal Representative Signature: Date: Sonstruction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site.				

Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment an	d Disposal and to the conditi	ons of this permit.	ATTACHED SITE SKETCH
Authorized State Agent	Nanhant To 231	Date:	9-31-20	
		ization Expiration D	ate: 5-31-25	

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.