## Harnett County Department of Public Health

Improvement Permit

,, 2	PROPERTY LOCATION: 48 Cedarvie	ew Ct	
ISSUED TO: MRH Land Holding	SUBDIVISION Carolina Season		LOT # 6
NEW REPAIR EXPANSION		ed prior to Construction Authoriz	ation Issuance:
Type of Structure: SFR 60 ×40	_		
Proposed Wastewater System Type: Pump to 25% reduction	L		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	_max		
Basement Yes 🗵 No			
Pump Required:    Yes ☐ No ☐ May be required based on final		n : 137	□ r:
Type of Water Supply: Community Public Well Dista	nce from well feet	Permit valid for:	Five years
Permit conditions:			No expiration
	1		
Authorized State Agent: Mah Mh REHS	Date: 4-4-22	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of off	per permits. The permit holder is responsible for checking	ng with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	t Permit shall not be affected by a change in ownershi	ip of the site. This permit is subject to c	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Const	ruction Authorization		
	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195	7, 1958 and 1959 are incorporated by references into	o this permit and shall be met Systems	shall be installed in accordance
with the attached system layout.			
ISSUED TO: MRH Land Holding	PROPERTY LOCATION: 48 Cec	darview Ct	
	SUBDIVISION carolina Sea		LOT # 6
Facility Type: SFR 60 × 40 🛮 New	Expansion Repair	30110	
Facility Type: SFR 60 X 90 X New			
Basement? Yes No Basement Fixtures? Yes	∑ No	(Initial) Wastewater Flow:	360 GPD
Type of Wastewater System** Pump to 25% reduction		(Initial) Wastewater Flow.	di b
(See note below, if applicable )	and votion (B. 1)		
	reduction (Repair)		
Installation Requirements/Conditions Number of tren			
0		Trench Spacing: 9	
	or instance on contrast at a		nches
	th Depth of: 18–28inches	(Maximum soil cover shall n	
(Trench bottom	s shall be level to +/-1/4"	36" above the trench botto	om)
in all directions	)		
Pump Requirements:ft. TDH vsGPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:		12	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYSTEM OR RE	PAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR			
**If applicable: L understand the system type specified is different from	the type specified on the application. I	accept the specifications of to	his permit.
Owner/Legal Representative Signature:	-	Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended us			enership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	Sewage Treatment and Disposal and to the conditions	of this permit. SEE /	ATTACHED SITE SKETCH
11/1/			
Authorized State Agent: Mah Mr REH	Date:	4-4-22	
The state of the s	Dec	4-4-27	

## Harnett County Department of Public Health Site Sketch

perty Location: 48 Cedarview Ct. led To: MRH Land Holding	Subdivision Carolina Seasons	Lot # 6
horized State Agent: Make	de REHS	Date: 4-4-22
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.