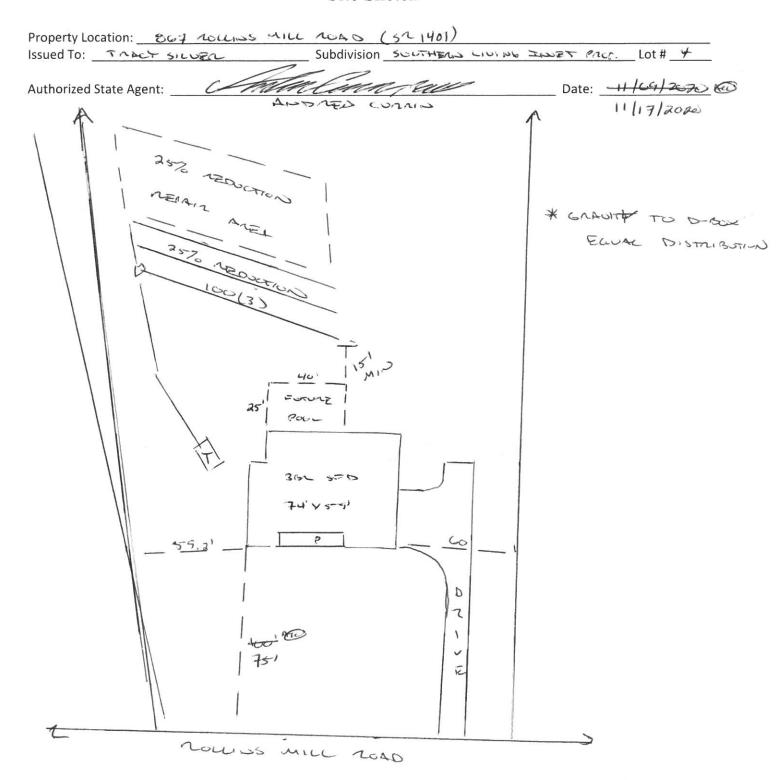
Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: EXT NOLLINS MILL NO (50 1401)
ISSUED TO: TRACT SILVER	SUBDIVISION SCOTHERED LIGHTLE TOWEST PACK. LOT # 4
NEW 🔀 REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-5 Estacon 74 ys; 5=5	
Proposed Wastewater System Type: 2570 TENCTICN 5.	3.
Projected Daily Flow: 365 GPD	
Number of bedrooms: 3 Number of Occupants:	_max
Basement (Yes (No	
Pump Required: Yes No May be required based on final	location and elevations of facilities
Type of Water Supply: Community Public Well Dista	
Permit conditions:	No expiration
	11/17/2070
Authorized State Agent::	Pate: 4/67/2022 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of oth	er permits. The permit holder is responsible for checking with appropriate governing hodies in meeting their requirement. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvemen	t Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
Const	ruction Authorization
(Re	quired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957	1. 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: TRACT SILVER	PROPERTY LOCATION: 267 TOLLISS MILL NO (52, 401)
	SUBDIVISION SOUTHERN LINES PROPERTY PROPERTY LOT # 4
Facility Type: 38 74'x55' 555 New	☐ Expansion ☐ Repair
Basement? Yes No Basement Fixtures? Yes	□ No
(See note below, if applicable)	(Initial) Wastewater Flow: GPD
25% AROSCIEN	(Renair)
Installation Requirements/Conditions Number of trend	
	each trench 100feet Trench Spacing: Feet on Center
	The process was an interest to the process of the p
Pump Requirements:ft. TDH vsGPM	
rump requirementsit. IDH VSGPF	inches below pipe
Condition	Aggregate Depth: inches above pipe
Conditions: CRAVITY TO D-BUX ECWAL	1515TAI BUTION —A inches total
WATER LINES (MICHIDING IRRIGATION) WHIST OF YOUR SPON	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	4.
**If applicable: / understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
The specime is smertil from	the type specified on the application. Taccept the specifications of this period.
Owner/Legal Representative Signature:	Date:
	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 Rules for	Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
	SEE MINCHED SHE SKELLIN
Authorized State Agent:	Date: 11/17/2020 11/17/2020
ANDREW CURIN CONSTI	ruction Authorization Expiration Date: (1) 11 09 12025 11/17/2025

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.