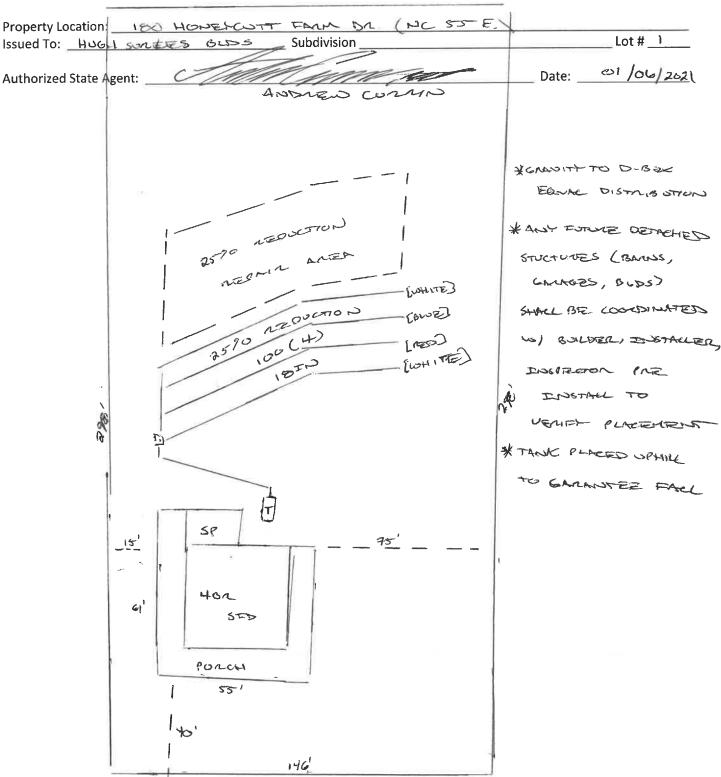
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 180 HOWETCOTT FMU Dr. ISSUED TO: HUGH SUNTERS BLOS SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: REPAIR 🗌 Type of Structure: 4-620200n 55'X55' Proposed Wastewater System Type: 25% 1=000000 515 ___ GPD Projected Daily Flow: = Number of Occupants: __&___max Number of bedrooms: Basement Yes No Pump Required: Yes No May be required based on final location and elevations of facilities Five years Type of Water Supply: Community Dublic Well Distance from well Nee Permit valid for: No expiration Permit conditions: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking 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 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. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .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. PROPERTY LOCATION: 180 HONESCOT FALL M. (X55 E) ISSUED TO: HOGH SULLES GLDS SUBDIVISION = Facility Type: 4-BL 55'x55' SFD - New Expansion Basement Fixtures? Yes Basement? Yes No 25% NEDUCTON (Initial) Wastewater Flow: 486 GPD Type of Wastewater System** (See note below, if applicable) 25% NEDVOTON STS. Number of trenches ___ Installation Requirements/Conditions Trench Spacing: 9 Feet on Center Exact length of each trench Septic Tank Size 1250 gallons Trenches shall be installed on contour at a Pump Tank Size gallons Maximum Trench Depth of: _____18 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) ∼ ▶ ____ inches below pipe Pump Requirements: _____ft. TDH vs. _____GPM inches above pipe inches total COLANITY TO DIBOX ECULE DISTRIBUTION WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction 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. This SEE ATTACHED SITE SKETCH 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. Authorized State Agent: ___ Construction Authorization Expiration Date: 01/06/2026 ANDREW COMIN

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.