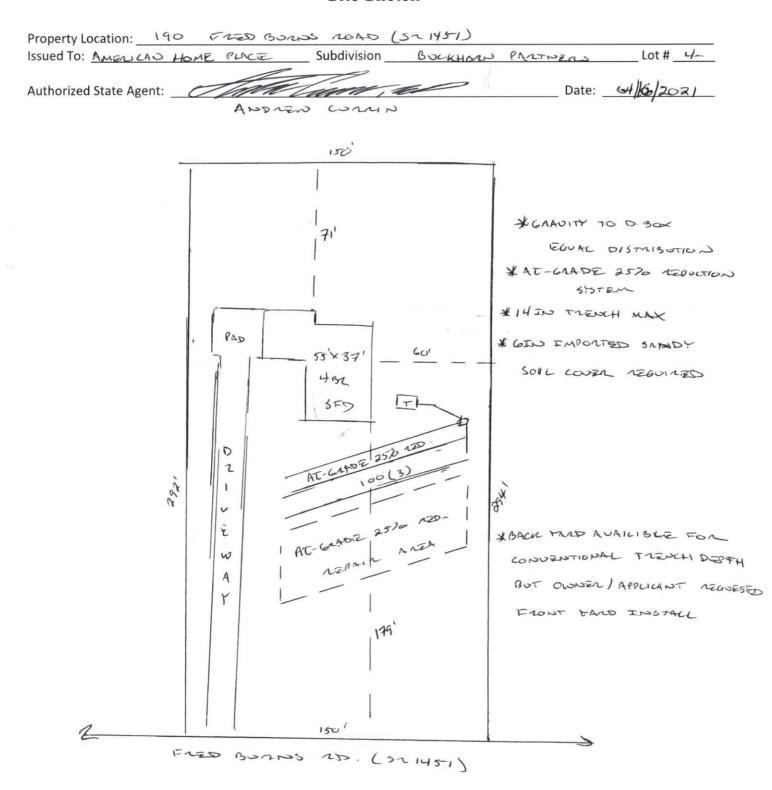


Harnett County Department of Public Health

Improvement Permit

| 3000000 | PROPERTY LOCATION: 190 FRED GURDS NO. (SN. 1454) |
|---|--|
| ISSUED TO: AMERICAN HOME PLACE I | |
| NEW ☑ REPAIR ☐ EXPANSION [| |
| Type of Structure: 4-BZD100M 55'x33'S | |
| Proposed Wastewater System Type: 25% 120001 | 275 275 |
| Projected Daily Flow: 486 GPD | Ce |
| Number of bedrooms: 4 Number of Occupants | <u>8</u> max |
| Basement ☐Yes 名No Pump Required: ☐Yes 名No ☐ May be required | based on final location and elevations of facilities |
| Type of Water Supply: Community Public | based on final location and elevations of facilities Well Distance from well feet Permit valid for: Five years |
| Permit conditions: | No expiration |
| Termit conditions. | |
| | |
| Authorized State Agent:: | Date: 04/13/2021 SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way guarantees site is subject to revocation if the site plan plat or the intended use change | the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This s. 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 | |
| | |
| | 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. | |
| ISSUED TO: AMERICAN HOME PLACE | |
| | SUBDIVISION BUCKHOON PARAPORES LOT # 4 |
| Facility Type: 4-32 55'x 33' 555 | |
| Basement? Yes No Basement Fixture: | A CAMP CAMP CAMPACATION CAMPAC |
| Type of Wastewater System** | E 25% NEONERON STS. (Initial) Wastewater Flow: 480 GPD |
| (See note below, if applicable 🔲) | |
| At-GRADIE 2 | TO TEOX TON (Repair) |
| | umber of trenches 3 |
| Septic Tank Size 1000 gallons E | act length of each trenchfeet |
| | enches shall be installed on contour at a Soil Cover: 6inches[IMPOIT] |
| M | aximum Trench Depth of:inches (Maximum soil cover shall not exceed |
| (1) | rench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| in | all directions) |
| Pump Requirements:ft. TDH vsG | PM inches below pipe |
| | Aggregate Depth: inches above pipe |
| Conditions: GNAVITY TO D-BOX EGNAL | DISTRIBUTION, IMPORTED COVER NA inches total |
| WITTE LINES (INCLUDING INCLUDING INCLUDING | OFT FROM ANY PART OF SERVICE SYSTEM OR RESULT AND |
| | OFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA | N FIELD AREA. |
| ** applicable: understand the system type specified is different from the type specified on the application. accept the specifications of this permit. | |
| Owner/Legal Representative Signature: | Date: |
| | or the intended 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 Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH | |
| | |
| Authorized State Agent: | Date: 64/13/2021 |
| ANDREW CURLLY | Construction Authorization Expiration Date: 04/13/2021 |
| · PRINCERN LUCLUL | |

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.