Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit

WHED TO JEVENY STRUCKLAND	PROPERTY LOCATION: 417 DZLINA CNIMES 1D. (SN 1761) SUBDIVISION LOT # 8
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-5202001 68'KGE' 550	the importantial required prior to constitution returns and
Proposed Wastewater System Type: 25% 12502700	5.3,
Projected Daily Flow: GPD	
Number of bedrooms: 3 Number of Occupants:	max
Basement Yes P No	
	n final location and elevations of facilities
Type of Water Supply: Community Public Well	
Permit conditions:	No expiration
Authorized State Agent::	Date: 04/15/2021 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance	ce of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	provement 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	
C	onstruction Authorization
<u>v</u>	(Required for Building Permit)
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 199	56, 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: JENEMY STUULLAND	PROPERTY LOCATION: 417 DELMA CRIMES 75. (SC1701) SUBDIVISION LOT # 8
	ZORDIALIZION
	New Expansion Repair
Basement? Yes No Basement Fixtures?	
	SCTTON SISTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
	SSTEM (Repair)
	of trenches
	-
- 6	
	Trench Depth of: 20 inches (Maximum soil cover shall not exceed
,	oottoms shall be level to +/-1/4" 36" above the trench bottom)
in all dir	On the second of
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: GRAVITY TO D-BOX EG	UNE DISTRIBUTED NA inches total
	DOWN AND DATE OF CERTIFIC SYSTEM OR DEPAIR AREA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. F	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIEL	D AREA.
**If applicable: 1 understand the system type specified is differen	t from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	ended 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: 04/15/2021
Mutilotized State Agent.	Construction Authorization Expiration Date: 64/15/2020
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Harnett County Department of Public Health Site Sketch

