Harnett County Department of Public Health

Improvement Permit

A build	ding permit cannot be iss	ued with only an Impi	rovement	Permit	80)	
ISSUED TO: Harrington Properties	SUBDIVI			Seminole Rd (SR12	LOT # 5	
NEW REPAIR EXPANSION [Type of Structure: 70' x 60' SFD			ments req	uired prior to Construction Authoria		
Proposed Wastewater System Type: 25% reduction						
Projected Daily Flow: 480 GPD	_					
Number of bedrooms: 4 Number of Occupants:	: <u>8</u> max					
Basement Yes No	hand on feet lander		144			
Pump Required:	based on final location at Well Distance from			Permit valid for:	Five years No expiration	
11 11	,					
Authorized State Agent:: The issuance of this permit by the Health Bepartment in no way guarantees site is subject to revocation if the site plan, plat, or the intended use change the Laws and Rules for Sewage Treatment and Disposal and to conditions of	the issuance of other permits. I es. The Improvement Permit sha	he permit holder is responsi	ible for che	cking with appropriate governing bodies in		
	Construction	Authorizati	on.			
	(Required fo	Building Permit)				
The construction and installation requirements of Rules 1950, 1952, 1954, with the attached system layout.	.1955, .1956, .1957, .1958. and	.1959 are incorporated by	references	into this permit and shall be met. Systems	shall be installed in accordance	
ISSUED TO: Harrington Properties	PR	OPERTY LOCATION:		Seminole Rd (S	R1280)	
		BDIVISION				
Facility Type: 70' x 60' SFD		Expansion	Repair			
Basement? Yes No Basement Fixtures						
Type of Wastewater System**25% reduction	n			(Initial) Wastewater Flow:	480 GPD	
(See note below, if applicable)		(6)				
25% reduction	umber of trenches 1	(Repair)				
The state of the s	xact length of each tree	och 300	feet	Trench Spacing: 9	Feet on Center	
	renches shall be installe				nches	
,	aximum Trench Depth		inches	(Maximum soil cover shall n		
	Trench bottoms shall be			36" above the trench botto		
	all directions)				,	
	SPM .				inches below pipe	
Conditions:				Aggregate Depth:		
WATER LINES (INCLUDING IRRIGATION) MUST BE T NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAI		T OF SEPTIC SYSTE	EM OR F	REPAIR AREA.		
**If applicable: 1 understand the system type specified is	different from the type	specified on the ap	plication.	I accept the specifications of t	this permit.	
Owner/Legal Representative Signature:				Date:		
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						
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						
al/ M	2					
Authorized State Agent: MeHI Date: 05-11-21 Construction Authorization Expiration Date: 05-11-26						
/	Construction	Authorization Expir	ration D	ate: 05-11-26		

Harnett County Department of Public Health Site Sketch

Property Location: Seminole R	d (SR1280)	
Issued To: Harrington Properties	Subdivision	Lot # 5
Authorized State Agent:	M REHS	Date: 05-11-21

