Harnett County Department of Public Health

Improvement Permit

A building permit (PROPERTY LOCATION: 1503 Cool Spri	nas Rd (SR1265)	
ISSUED TO: Lamco Custom Builders	SUBDIVISION	10T #	
NEW REPAIR EXPANSION Type of Structure: 51' x 48' SFD		r to Construction Authorization Issuance:	
Proposed Wastewater System Type: relocation of top line			
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement of No			
Pump Required: No May be required based on final	l location and elevations of facilities	-	
Type of Water Supply: Community Public Well Dis	tance from wellfeet	Permit valid for:	
Permit conditions:		No expiration	
110			
Authorized State Agent:: Mah & REHS	Date: 09-17-21	SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of c site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	other permits. The permit holder is responsible for checking with a ent Permit shall not be affected by a change in ownership of the	parapriate governing hadies in meeting their requirements. This	
Cons	truction Authorization		
	Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .15 with the attached system layout.	1959. 1958. and 1959 are incorporated by references into this per	mit and shall be met. Systems shall be installed in accordance	
ISSUED TO: Lamco Custom Builders	PROPERTY LOCATION: 1503 Cool	Springs Rd (SR1265)	
	SUBDIVISION	LOT #	
Facility Type: 51' x 48' SFD Nev		LOI IT	
Basement? Yes No Basement Fixtures? Yes	⊠ No		
Type of Wastewater System** Relocation of top drain	line	al) Wastewater Flow: 360 GPD	
(See note below, if applicable)	ļinit.	al) Wasterfater Flow OF D	
25% reduction	(Repair)		
Installation Requirements/Conditions Number of tre			
1000 =	100	Spacing: 9 Feet on Center	
	be installed on contour at a Soil Cov	9	
		mum soil cover shall not exceed	
in all direction		above the trench bottom)	
Pump Requirements:ft. TDH vsGPM	3)		
	A	inches below pipe	
Conditions: relocation of Top Sup	Tic System line Aggrega	te Depth: inches above pipe inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY DADT OF CERTIC CYCTEM OR DERAID	DEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AF	ANT FART OF SEPTIC STSTEM OR REPAIR A	KEA.	
**If applicable: 1 understand the system type specified is different from	n the type specified on the application. I accept	the specifications of this permit.	
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended u	se 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 f	or Sewage Treatment and Disposal and to the conditions of this p	ermit. SEE ATTACHED SITE SKETCH	
N./ /	15		
Authorized State Agent: A REH	Date: <u>09-17</u>	-21	
Construction Authorization Expiration Date: 09-17-26			

Harnett County Department of Public Health Site Sketch

Property Location:	1503 Cool	Springs	Rd (SR1265)	
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Issued To: Lamco Custom Builders Subdivision Lot #

Authorized State Agent: Date: 09-17-21

Existing System
With 150' of
Drain (in a , Septic Tenh,
(1000 GAI)

Jump Tonk
(1000 GAI).

Telocate top (ine (55')

of Systemso IT

Es 6'or more OFF

The back of the house

4ND at least 9'or

'enter Above Existing

middle (ine of System.

