## Harnett County Department of Public Health

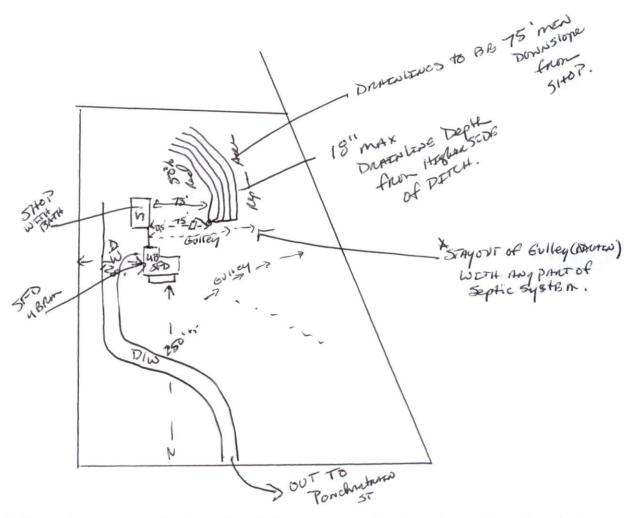
Improvement Permit

A	A building permit cannot be issued with only an Improvement_Permit			
T 10 01 III PROPERTY LOCATION SCAIR RESERVED				
ISSUED TO: Thomas L Brackley SUBDIVISION LOT #				
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:				
Type of Structure: SFID + SHOP A	,			
Proposed Wastewater System Type: 25% Postso	o and			
Projected Daily Flow: 600 GPD				
Number of bedrooms: S Number of Occup	ants: _/Omax			
/	red based on final location and elevations of facilities	7		
Type of Water Supply: Community Public	The state of the s	Five years		
Permit conditions:		No expiration		
Termit conditions.				
1 1	1 / JR 738015			
Authorized State Agent:	what Date: 10-22-21 SEE ATTAC	CHED SITE SKETCH		
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.				
the Laws and notes for sewage freatment and pisposal and to condition	s of this perime.			
	Construction Authorization			
Construction Authorization				
(Required for Building Permit)				
The state of the s	954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems st	nall be installed in accordance		
with the attached system layout.				
ISSUED TO: Thomas (Bardley PROPERTY LOCATION: Sin 1418 NEURA PLD)				
SUBDIVISIONLOT #				
Facility Type: SPD + SHOP APT	New Expansion Repair			
Basement? Yes No Basement Fixtures? Yes Tho				
Type of Wastewater System** 25% DEDUCTUN System (Initial) Wastewater Flow: 600 GPD				
(See note below, if applicable )	The state of the s			
50% n	EDUCTUM (Repair)			
Installation Requirements/Conditions	Number of trenches 5			
Septic Tank Size 1200 gallons		Feet on Center		
and the same and t		ches		
Pump Tank Sizegallons	Maximum Trench Depth of: 18" inches (Maximum soil cover shall no			
		m)		
6 7011	in all directions)	inches below size		
Pump Requirements:ft. TDH vs	GPM	inches below pipe		
01.1	Aggregate Depth:	inches above pipe		
Conditions: Contractor	TAISTH ONS ING	inches total		
Bara	to meet onsities 1			
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.				
AND THE PROPERTY OF THE PROPER	1: 111 - 1 to the second of th	it same		
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.				
	D			
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				
Authorized State Agent: Somes & Marshon for Date: 6-22-21				
Authorized State Agent: Date: Date: 6-22-21				
Construction Authorization Expiration Date: 6-27-76				

Application # 50 2106 - 0010

## Harnett County Department of Public Health Site Sketch

Property Location: SN 1418 KINGRICO	
Issued To: Thomas L Bradley Subdivision_	Lot #
Authorized State Agent: James & Manhan FIETBHS Date: _	6-22-21
Contractor to meet onszig prior to Install.	



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.