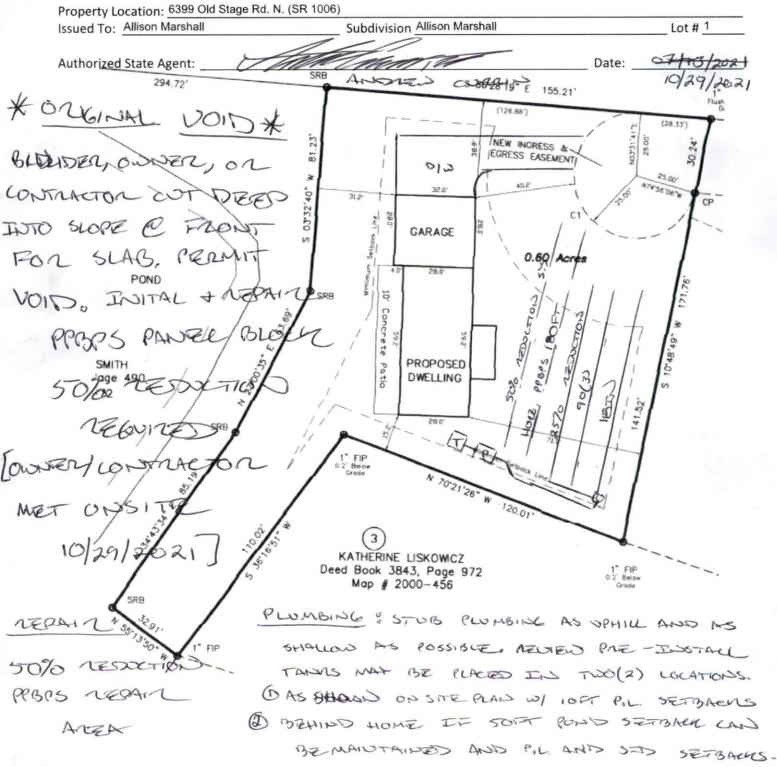
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 0399 Old Stage Rd. N. (SR 1000)			
SUBDIVISION Allison Marshall LOT # 1 NEW REPAIR EXPANSION SUBDIVISION Allison Marshall LOT # 1 Site Improvements required prior to Construction Authorization Issuance:			
NEW X REPAIR EXPANSION L Type of Structure: 28x60 sfd, 3 beds 2 baths	site improvements rec	uned prior to construction Authoriz	ation issuance.
Proposed Wastewater System Type: 25% Reduction Sys.			
Projected Daily Flow: 360 50% GPD			
Number of Decupants: 6	max		
Basement Yes No			
Pump Required: XYes No May be required based on fin	al location and elevations of facilities		
Type of Water Supply: Community Public Well D	istance from well NA feet	Permit valid for:	▼ Five years
Permit conditions:			■ No expiration
	101	20/2-21	
- Haldlen		29/2021	CHED CITE CAELCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of	other permit. The permit holder is responsible for the		CHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improve	ment Permits shall not be affected by a change in own	ership of the site. This permit is subject to c	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Con	struction 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: Allison Marshall	DECRETY LOCATION: 6399	Old Stage Rd. N. (S	SR 1006)
ISSUED TO: AIRSOTT WATSTAIL	SUBDIVISION Allison Ma		LOT # 1
Facility Type: 28x60 sfd, 3 beds 2 baths N		ı Sı idii	101 #
Basement? Yes Basement Fixtures? Yes Type of Wastewater System**	□ No em - PCBPS	(Initial) Wastewater Flows	360 GPD
101	an (tota	(Initial) Wastewater Flow:	GFD GFD
(See note below, if applicable 25% / 50% Reduction	n Svs (Paralla)		
	-1 -		
	renches 32	Trench Spacing: 9	tost on Contac
	of each trench 90 feet	Tremen spacing.	Feet on Center
0	ll be installed on contour at a		nches
	ench Depth of: 18 inches	(Maximum soil cover shall n	
TO BOOK BLACKS, WISHON STATE	oms shall be level to +/-1/4"	36" above the trench botto	om)
in all directi	ons)		
Pump Requirements:ft. TDH vsGPM		_NA	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	M ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD			
AND I II I was and the second of the second	the transfer of the the confinction	. I assess the considerations of s	his narmie
**If applicable: 1 understand the system type specified is different fi	om the type specified on the application	. I accept the specifications of t	nis permit.
		D-+	
Owner/Legal Representative Signature:		Date:	1 / A 1 71
This Construction Authorization is subject to revocation if the site plan, plat, or the intende		***	ATTACHED SITE SKETCH
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 SKEICH			
Allen net A			
Authorized State Agent: Date: 07/13/2021			
AMED CURRIN	onstruction Authorization Expiration I)ate: (13/20	26 10/29/2026

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.