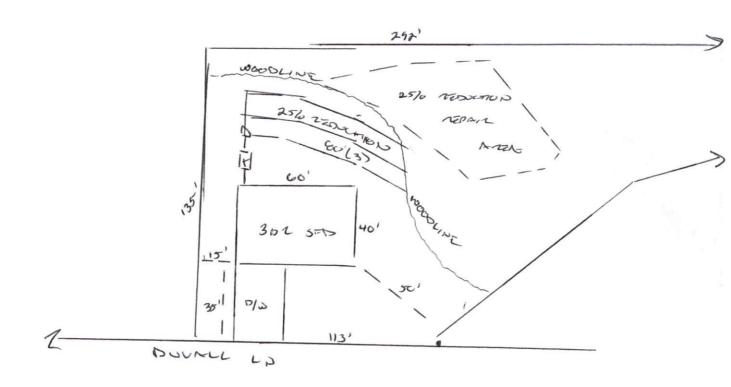
## Harnett County Department of Public Health

## Improvement Permit

0,	PROPERTY LOCATION: 121 00	VALL LW. LIES	LIE CANPBELL AUG
ISSUED TO: STETETE POPTE		62 Acres	101 # 15
NEW REPAIR EXPANSION		quired prior to Construction Auth	orization Issuance:
Type of Structure: 3-6750000 60'x40' SIFTS Proposed Wastewater System Type: 25% 75000000	575.		
Projected Daily Flow: 360 GPD			
Number of bedrooms:	max		
Basement Yes No			
	n final location and elevations of facilities		
Type of Water Supply: Community Public Well	Distance from well NA feet	Permit valid for:	Five years
Permit conditions:			No expiration
	_		
Authorized State Agent::	Date: 06/03/	2022 SEE A	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issual	ice of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies	
site is subject to revocation if the site plan, plat, or the intended use changes. The In the Laws and Rules for Sewage Treatment and Disposal and to conditions of this perm		ership of the site. This permit is subject	to compliance with the provisions of
(	onstruction Authorization		
-	(Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 19		into this permit and shall be met. Syste	ms shall be installed in accordance
with the attached system layout.			
ISSUED TO: STEPF POPIT	PROPERTY LOCATION: 121	DUVALL LN ./1	ESLIE CHAMBELLA
133000 10.	SUBDIVISION COLL	ece Acres	LOT # 15
Facility Type: 3-52 60'x40' 517	New Expansion Repair		
Basement? Yes No Basement Fixtures?			
Type of Wastewater System**		(Initial) Wastewater Flow	: 366 GPD
(See note below, if applicable )		()	
25/0 12020702	STSTEM (Repair)		
Installation Requirements/Conditions Number	of trenches 3		
	ngth of each trench 80 feet	Trench Spacing: F	_ Feet on Center
	shall be installed on contour at a	Soil Cover:	
,	Trench Depth of: 18 inches	(Maximum soil cover shall	
	bottoms shall be level to +/-1/4"	36" above the trench bo	ottom)
in all di			
Pump Requirements:ft. TDH vsGPM		NA	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions: SIZE SITE PLAN			MA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. F	ROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIE	D AREA.		
**If applicable: I understand the system type specified is different	nt from the type specified on the application	. I accept the specifications o	I this permit.
			,
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the int			
Construction Authorization is subject to compliance with the provisions of the Laws and	Rules for Sewage Treatment and Disposal and to the condi-	ions of this permit.	E ATTACHED SITE SKETCH
	week see . D	06/12/2	
Authorized State Agent:	Date:	06/03/262	12
ANNE IN CORRIN	Construction Authorization Expiration I	Date: 06/03/202	7

## Harnett County Department of Public Health Site Sketch

Property Location: 141 OUVACE CO.	Crescie C	extraoblect AOE,		
Issued To: JEFF POPE	Subdivision	COLLEGE ACRES	3	Lot # _15
Authorized State Agent:	NOTED CON	WW WN	Date: _	06/03/2022
* GRAVITY TO D-BOX EGLAC				
* PLUMPING SHALL BIZ STUBBIES	D ON HIGH	1 NIGHT CONNER	AND	SHALLOW
* DOSTALL TIGHT TO SITE	>			
* ADDITIONAL EDGIZ OF TR	TELINE	creamon teles	1725	



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