Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: 362 Pay Ton (1
ISSUED TO: Person do Senchez Zuniga	SUBDIVISION LOT #
NEW REPAIR EXPANSION TO STRUCTURE: 78' x 57' SED	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: tump To 25% reduce	Tion
Projected Daily Flow: 480 GPD	
Number of bedrooms: 4 Number of Occupants: 8	max
Basement Yes No	d bearing and almost as of facilities
	al location and elevations of facilities stance from well feet Permit valid for: Five years \[\begin{array}{c c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Authorized State Agent: Mah M. REHS	Date: 2-28-23 SEE ATTACHED 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 nent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Cons	struction Authorization
	Required for Building Permit)
with the attached system layout.	957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Farrando Sanchez Zuniga	PROPERTY LOCATION: 362 Payton Ln (SUBDIVISION LOT #
Facility Type: 78'x57' SFD 🛛 Ne	w Expansion Repair
Basement? Yes Ro Basement Fixtures? Yes	
Type of Wastewater System** Tump 70 25% (1	
(See note below, if applicable)	\"
Pump 70 50%	reduction (Repair)
/	enches
	of each trenchfeet
Pump Tank Size 1000 gallons Trenches shal	be installed on contour at a Soil Cover:inches
Maximum Tre	nch Depth of: 18-24 inches (Maximum soil cover shall not exceed
(Trench botto	ms shall be level to +/-1/4" 36" above the trench bottom)
in all direction	ns)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	
**If applicable: I understand the system type specified is different from	om 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 Construction Authorization is subject to compliance with the provisions of the Laws and Rules	use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
ull	
Authorized State Agent: Mull REHS	Date: 2-28-27 Instruction Authorization Expiration Date: 2-28-28
Co	nstruction Authorization Expiration Date: 2-28-28

Harnett County Department of Public Health Site Sketch

Property Location: 362 Pay Ton (a (
Issued To: Ferrando Sanchez Zuniga Subdivision		Lot	
Authorized State Agent: Mah & AEH	_ Date: _	2-28	- 23
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.