## Harnett County Department of Public Health

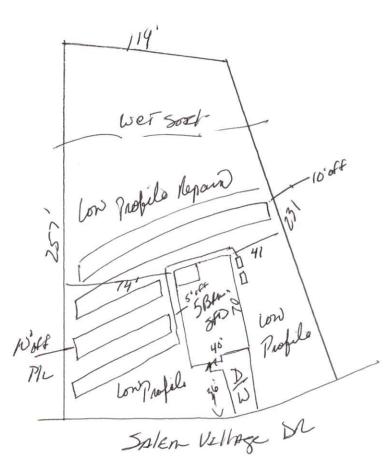
Improvement Permit

ΑΑ	building permit cannot be issued with only an improvement remint
.16.3311	PROPERTY LOCATION & 1417, Bake town 765
ISSUED TO: NEW Home INC	20RDIAIZION WOOTSTSTATES SOLVENING STATES SOLVENING
NEW REPAIR EXPANSIO	
Type of Structure.	lilo
Proposed Wastewater System Type: 120GPD	
Trojected bany tron.	nants: Ø8 max
Basement Yes No May be requ	ired based on final location and elevations of facilities
Type of Water Supply: Community Public	Well Distance from well feet Permit valid for.
Permit conditions:	□ No expiration
Fermit Conditions.	
4	A DE TRAS
Authorized State Agent:	Date: 5-24-03 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	antees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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
site is subject to revocation if the effe plan, plat, or the intended use	changes. The improvement Permit shall not be affected by a change in ordinary
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this period.
	Construction Authorization
	Construction 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: Now Home FAC	PROPERTY LOCATION: SOL 1417 BAKESTERN PUS
1350ED 10: _/OCAC / 10: -	SUBDIVISION Woodbridge Sorth LOT # 24
565	New Expansion Repair
Facility Type:	xtures? Yes No
Dascincini	achlo CHAmher (Initial) Wastewater Flow: GPD
1/90 01 11 11 11 11 11 11	ing the Chairman
(See note below, if applicable )	ofile CHAmber (Repair)
	Number of trenches
Installation Requirements/Conditions	Exact length of each trench 400 feet Trench Spacing: Feet on Center
Septic Tank Size 1250 10 gallons	Exact length of their months
Pump Tank Size	Helicies stian be instance on conton at a
	Haxindin Helich Depth of
	(Heller Buttons Stan Be 1818)
	in all directions)
Pump Requirements:ft. TDH vs	GPM
	Aggregate Depth: inches above pipe
Conditions:	
WATER LINES (INCLUDING IPPIGATION) MILST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
WATER LINES (INCLUDING INVIOLIGIAL MOS	DDAIN FIELD APEA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	UKAIN FIELD ARCA.
**If applicable: I understand the system type specific	sed is different from the type specified on the application. I accept the specifications of this permit.
Owner/Local Representative Signature:	Date:
Owner/Legal Representative Signature.	a plat or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership or the site.
Contraction Authorization is subject to revocation in the site pla	s of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
The state of the s	/ TP 7845
	Date: 5-74-23
Authorized State Agent	
[ //	Construction Authorization Expiration Date: 8 29 28

Application # 55 2305 - 000 8

## Harnett County Department of Public Health Site Sketch

Property Location: SR 1417 Bakantons RS  Issued To: NEW Home FUC Subdivision Woodbridge South		Lot # 24
Issued To: NEW Home INC Subdivision Woodbridge South		
Authorized State Agent. Survey & Markan 2848	_ Date: _	5-24-23
Authorized state / Berni		



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