App# SFD2305-0111

Harnett County Department of Public Health

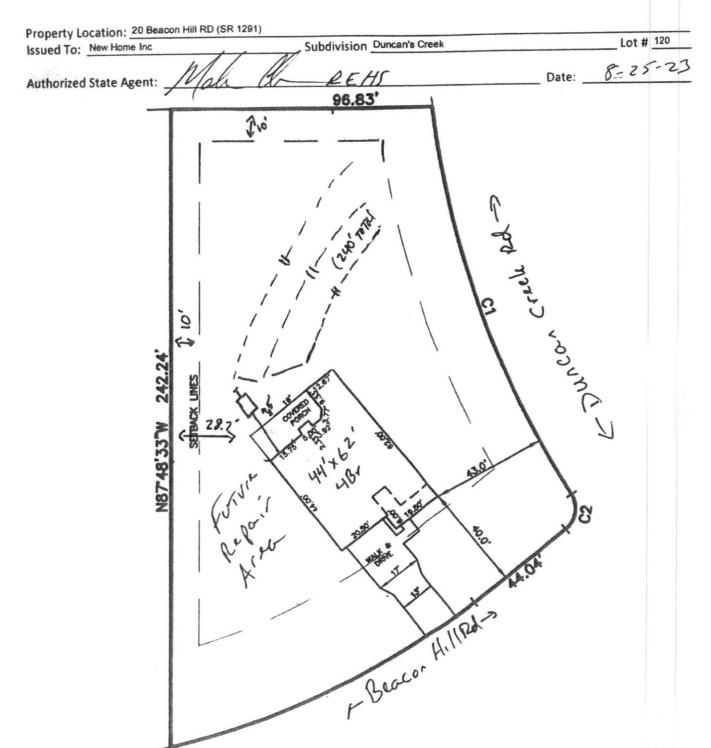
Improvement Permit

Revised

| A | building permit cannot be issued with only an Improvement | Permit | |
|--|---|---|--------|
| | PROPERTY LOCATION: 20 Beacon | h Hill RD (SR 1291) | 0 |
| ISSUED TO: New Home Inc | SUBDIVISION Duncan's Cree | ek10T # 120 | U |
| NEW REPAIR EXPANSION Type of Structure: 44'x62' SFD | N Site Improvements req | uired prior to Construction Authorization Issuance: | |
| Proposed Wastewater System Type: 25% reducti | on. | | |
| Projected Daily Flow: 480 GPD | | | |
| Number of bedrooms: 4 Number of Occup | pants: 8 max | | |
| Basement (es No | | | - |
| Pump Required: Ties Ho May be requ | ired based on final location and elevations of facilities | 57 | |
| Type of Water Supply: Community X Public | Well Distance from well | Permit valid for: X Five years | |
| | | ☐ No expiration | |
| | | | |
| | | CET ATTACHED SITE SHITEL | |
| Authorized State Agent: Mac Department to no way guara | (E/f) Date: 8-6)-63 | SEE ATTACHED SITE SKETCH | This |
| The issuance of this permit by the Health Department in no way guara | ntees the issuance of other permits. The permit holder is responsible for che changes. The Improvement Permit shall not be affected by a change in owner | thing with appropriate governing books in meeting their requirements, with the provision of the site. This permit is subject to compliance with the provision | ons of |
| the Laws and Rules for Sewage Treatment and Disposal and to condition | manges the improvement retinit shan not be anected by a change in the of this permit. | | |
| the Laws and notes for sewage measurem and orsposal and to control | | | |
| | Construction Authorization | | |
| | | | |
| | (Required for Building Permit) | | |
| | 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by references | into this permit and shall be met Systems shall be installed in accorda | ruce |
| with the attached system layout | | | |
| ISSUED TO: New Home Inc | PROPERTY LOCATION: 20 Be | eacon Hill RD (SR 1291) | |
| 1330(1) 10. 14044 1101110 1110 | GIRDIVISION Duncan's (| Creek LOT # 120 |) |
| 1. T. 1 14'v62' SED | New Expansion Repair | | |
| | titures? Yes No | | |
| Basement? Yes No Basement Fin | ion | Unitial) Wassewater Flow: 480 GPI | D |
| A STATE OF THE PARTY OF THE PAR | ion | (ilitial) wastewater flow. | |
| (See note below, if applicable) | 41 | | |
| 25% reduc | | | |
| Installation Requirements/Conditions | Number of trenches 1 | | |
| Septic Tank Size 1000 gallons | Exact length of each trench 240feet | Trench Spacing: 9 Feet on Center | |
| Pump Tank Sizegallons | Trenches shall be installed on contour at a | Soil Cover: 6inches | |
| | Maximum Trench Depth of: 30-16 inches | (Maximum soil cover shall not exceed | |
| | (Trench bottoms shall be level to +/-1/4" | 36" above the trench bottom) | |
| | in all directions) | | |
| Pump Requirements:ft. TDH vs. | GPM | inches below | pipe |
| Tomp requirements. | | Aggregate Depth: inches above | pipe |
| Continue | | inches | total |
| Conditions: | | | |
| | OF LOCK CHOIL LINV DADT OF CENTUR CVCTCH OD | ATGA GIAGTO | |
| | BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I | CEPAIK AKEA. | |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR | DRAIN FIELD AREA. | | |
| **If applicable: I understand the system type specifie | d is different from 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 use changes. The Construction Authorization shall not | be transferred when there is a change in ownership of the site. This | (CN |
| Construction Authorization is subject to compliance with the provisions | of the Laws and Rules for Sewage Treatment and Disposal and to the condit | nans of this permit SEE ATTACHED SITE SKET | CH |
| 1/1/1/ | 1 | 0 | |
| Authorized State Agent: Abd de | AEHF Date: | 8-25-23 Date: 8-25-28 | |
| MULIIVITED STATE NECESTARY | Construction Authorization Expiration I |)ate: 8-25-28 | |
| | Constitution Authorization Expiration is | | |

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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.