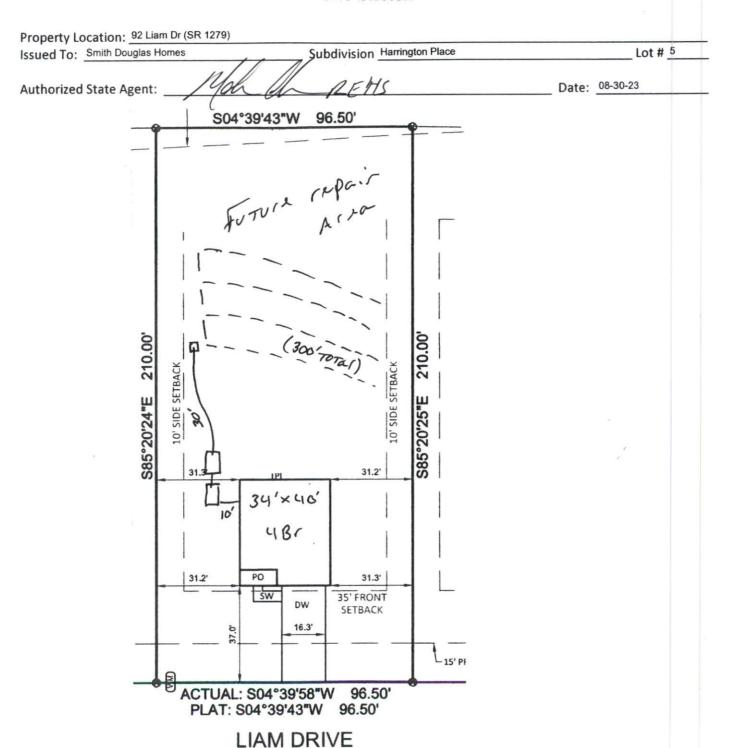
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 92 LIAM L		
ISSUED TO: Smith Douglas Homes	subdivision Harrington Pla		LOT # 5
NEW REPAIR EXPANSION	Site Improvements rec	uired prior to Construction Author	ization Issuance:
Type of Structure: 34'x40' SFD			
Proposed Wastewater System Type: 25% reduction			
Projected Daily Flow: 480 GPD			
Number of bedrooms: 4 Number of Occupants: 8	max		
Basement Yes X No	al leastice and elementary of facilities		
	al location and elevations of facilities	Permit valid for:	★ Five years
,, , , , , , , , , , , , , , , , , , , ,	stance from wellfeet	Termit valid for.	No expiration
Permit conditions:			— не сарамент
11 11			
Authorized State Agent:: Mal a REM	Date: 08-30-23	SEE ATT	ACHED 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 che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improver	nent Permit shall not be affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Cons	struction Authorization		
-	Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1		into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.		8. = 1.51	
0 11 D		D- (CD 4070)	
ISSUED TO: Smith Douglas Homes	PROPERTY LOCATION: 92 Li		107.44.5
	_subdivision Harrington	Place	LOT # <u>5</u>
Facility Type: 34'x40' SFD 🛛 Ne	w 🗌 Expansion 🔲 Repair		
Basement? Yes No Basement Fixtures? Yes	≥ No		
Type of Wastewater System** 25% reduction		(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable)			
25% reduction	(Repair)		
Installation Requirements/Conditions Number of to			
	of each trench 300 feet	Trench Spacing: 9	Feet on Center
	I be installed on contour at a	The state of the s	inches
		(Maximum soil cover shall	**********
	nch Depth of: 18-22 inches	Acceptance and the second seco	
	ms shall be level to +/-1/4"	36" above the trench bot	tom)
in all direction	ons)		
Pump Requirements:ft. TDH vsGPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	A ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A			
**If applicable: 1 understand the system type specified is different from	om the type specified on the application	n. 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
Construction Authorization is subject to compliance with the provisions of the Laws and Rules	for Sewage Treatment and Disposal and to the condi-	tions of this permit. SEE	ATTACHED SITE SKETCH
11/			
m // //			
Authorized State Agent: 18hl Un ON	AS Date:	08-30-23	
Authorized State Agent: Nol Mec	Date: Date:	08-30-23	

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.