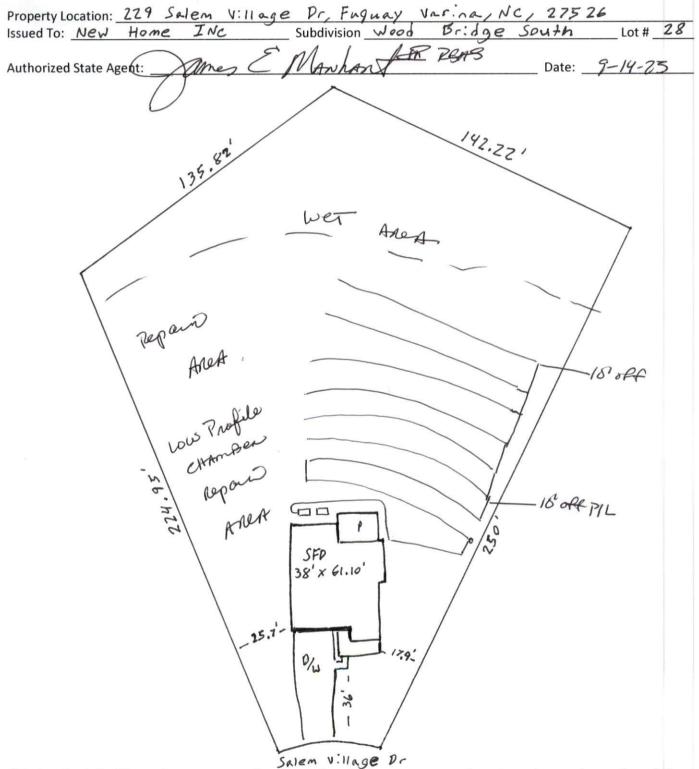
Harnett County Department of Public Health

Improvement Permit

A building per	mit cannot be issued with only an Improvement Permit
	PROPERTY LOCATION: 229 Salem V: 11ege Dr. Fuguay Varina SUBDIVISION Wood Bridge South LOT # 28
ISSUED TO: New Home INC	SUBDIVISION WOOD Bridge South LOT # 20
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD 38' × 61.10'	
Proposed Wastewater System Type: 25% REPORTED	
Projected Daily Flow: 480 GPD	
Number of bedrooms: 4 Number of Occupants: 8	max
Basement Yes Mo	
	n final location and elevations of facilities
Type of Water Supply: Community Public Well	Distance from well feet Permit valid for: Five years
Permit conditions:	No expiration
5 11	ATT TEAS
Authorized State Agenting ames & Manhard	Date: 9-13-23 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuan	ice of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	provement Permit shall not be affected by a change in ownership 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 permi	L.
C	onstruction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 19	156, .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.	7, 110, 110, 110, 110, 110, 110, 110, 11

ISSUED TO: NEW HOME INC	PROPERTY LOCATION: 229 Salem VIII age Dr. Fugmy Varian SUBDIVISION Wood Bridge South LOT # 28 New Expansion Repair
	SUBDIVISION Wood Bcidge South LOT # 28
Facility Type: SFD 38' x 61.10'	New D Expansion D Repair
Basement? Yes No Basement Fixtures?	Vor. Davis
Type of Wastewater System** 25% (7EDVCT)	on System (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	· · · · · · · · · · · · · · · · · · ·
low I'm file (Hrm Cres (Repair)
Installation Requirements/Conditions Number	of trenches
Septic Tank Size 1000 gallons Exact len	igth of each trench 400° feet Trench Spacing: Feet on Center
	shall be installed on contour at a Soil Cover:inches
	Trench Depth of: 18 inches (Maximum soil cover shall not exceed
	•
•	bottoms shall be level to +/-1/4" 36" above the trench bottom)
in all dir	,
Pump Requirements:ft. TDH vsGPM	e inches below pipe
1.	Aggregate Depth: inches above pipe
Conditions: 18" DETECH DEPTH	MAX inches total
conditions.	
WATER LINES (INSTRUDING IRRIGATION) MILET RE 10FT E	DOM ANY DADT OF CENTIC CYCTEM OF DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. F	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIEL	LD AREA.
**If libland understand the sustant time asserted in differen	at from the time energial on the application I account the energializations of this parmit
applicable: I understand the system type specified is differen	nt 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 int	ended 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 conditions of this permit.	
<u> </u>	1 1 1-27645
Australiand State Agent	12 May 12 10 10 10 9-14-73
Authorized State Agent	Date: 1-19-23
/ /	Construction Authorization Expiration Date: 9-14-28

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.