## Harnett County Department of Public Health

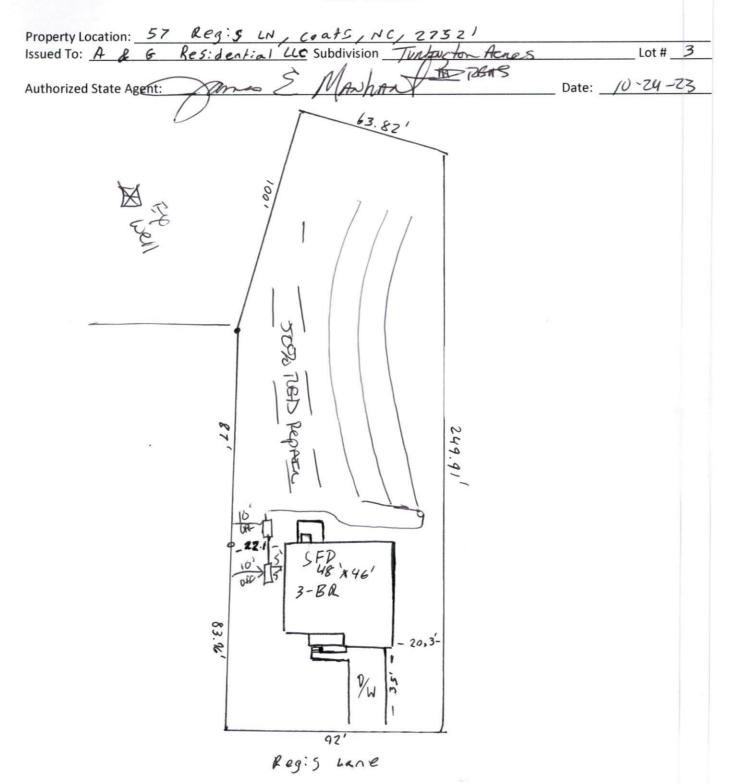
SK, NC 55 E

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PERTY LOCATION: 57 REGIS LN, COats, NC, 27521
ISSUED TO: A & G RES: dential LLC SUB	DIVISION JUNEATOR ACRES LOT # 3
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD 48'×46'	and improvement square provide a sound of the same state of the sa
Proposed Wastewater System Type: 25% REDU COTON	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes No	
Pump Required: Yes No May be required based on final location	n and elevations of facilities
Type of Water Supply: Community Public Well Distance from	m wellfeet Permit valid for: Five years
Permit conditions:	☐ No expiration
5 M / JAP 2	
Authorized State Agenting Somes ( Manhan)	Date: 10-24-23 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permit is subject to revocation if the site plan plan or the intended use changes. The Improvement Permit	its. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 permit.	shall not be anected by a change in ownership of the site. This period is sompted to compliance with the providers of
Construct	ion Authorization
	I for Building Permit)  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: A & G Residential LLC	PROPERTY LOCATION: 37 Reg: 5 2 N CORTS, NC, 27521 SUBDIVISION / Unitaryton Acres LOT # 3
	SUBDIVISION JUNGTICATOR ACRES LOT # 3
Facility Type: SFD 48' x 46' New	Expansion Repair
Basement? Yes Mo Basement Fixtures? Yes	The state of the s
Type of Wastewater System** 25% Removerum Syst	
(See note below, if applicable ())	(initial) Hademate Hom
50% NBDUTIN	(Repair)
	(ncpair)
	trench 100 feet Trench Spacing: Feet on Center
,	The state of the s
	th of: 22-718 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 vsGPM	inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY F	ART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If i I understand the system true specified is different from the	was excelled as the application I account the excellentions of this parmit
**If applicable: I understand the system type specified is different from the t	spe specified on the application. Taccept the specifications of this permit.
Owner/Lord Representative Signature:	Date:
Owner/Legal Representative Signature:	s. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
	CEE ATTACHED CITE CHETCH
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.  SEE ATIACHED SITE SKEICH	
5 M 1 1 1 10843	
Authorized State Agent: Date: 10-29-23	
Authorized State Agent: Date: 10-24-23  Construction Authorization Expiration Date: 10-24-28	

## 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.