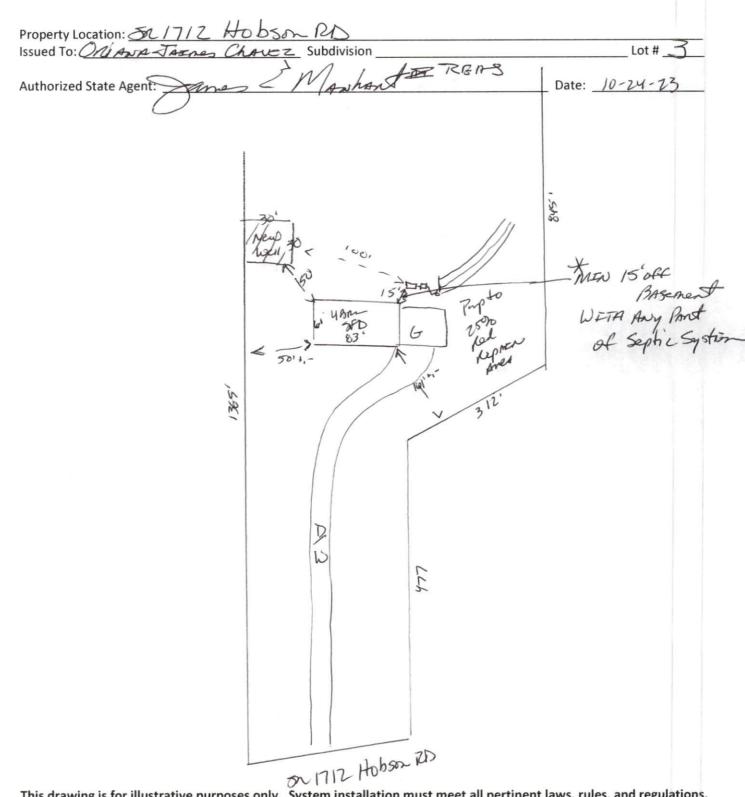
Harnett County Department of Public Health

Improvement Permit

A building permit ca	nnot be issued with only an Improvement Permit
	PROPERTY LOCATION: 52/7/2 Hobson RD
ISSUED TO: ORIANA JAIMES CLAVEZ	SUBDIVISION LOT # 3
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
	The improvement requires provide a constitution of the constitutio
Type of Structure: Proposed Wastewater System Type: 2596 TUGDUCTUN	
	_
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants:	max
Basement Tes / No	
	location and elevations of facilities
Type of Water Supply: Community Public Well Dist	ance from well 50° feet Permit valid for: 🗹 Five years
Permit conditions:	No expiration
A 1 1 1	ALTUENS
Authorized State Agent: James & Manhant	Date: 10-24-23 SEE ATTACHED SITE SKETCH
	her permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	nt 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 permit.	, , , , , , , , , , , , , , , , , , ,
	at a last at a final at
Cons	ruction Authorization
(6	equired for Building Permit)
The state of the s	57, .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.	1, 1730, and 1777 are interpolated by references into one permit and shall be met systems shall be instance in accordance
- I	
ISSUED TO: () MIANA JAIMES CLAVEZ	PROPERTY LOCATION SO 1712 Hobson RD
13,000 10. 0.00.00	SUBDIVISION LOT # 3
< ()	JUDUITIJIUM LOI #
Facility Type: SFI	Expansion Repair
Basement? V Yes No Basement Fixtures? Yes	□ No
Type of Wastewater System** 25% REDVCT	200) System (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	
25% No TUS SUL	(Repair)
the second secon	2
Installation Requirements/Conditions Number of tre	
Septic Tank Size 1000 gallons Exact length of	f each trench 135 feet Trench Spacing: Feet on Center
,	be installed on contour at a Soil Cover:inches
Maximum Tren	- ^
(Trench botton	s shall be level to +/-1/4" 36" above the trench bottom)
in all direction	s)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
A Part	0
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYSTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	tA.
** If applicable: I understand the system type specified is different from	n the type specified on the application. I accept the specifications of this permit.
II applicable. I understand the system type specified is different from	t 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 u	se 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 I	CEE ATTACHED CITE CHETCH
1	1 ARRAS
5° n/l	1 22
Authorized State Agent: Man C / A	Date:
() Cor	struction 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.