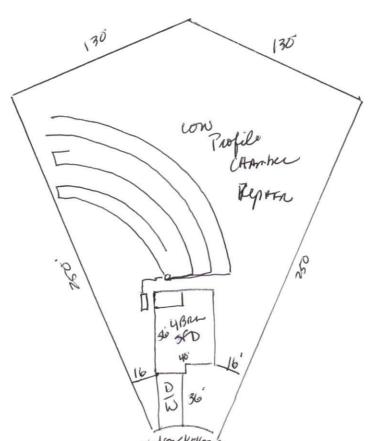
## Harnett County Department of Public Health

Improvement Permit

A building permit cann	PROPERTY LOCATION: SOLIAN BAKCATOWN 100			
ISSUED TO: NEW Homes INC	SUBDIVISION WOODBRIDGE SOUTH LOT # 27			
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure: 5FD				
Proposed Wastewater System Type:	-			
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants: 8 Number of Occupants: 8	max			
Pump Required: Yes No May be required based on final lo	ocation and elevations of facilities			
Type of Water Supply: Community Public Well Distan	ice from wellfeet Permit valid for: 💆 Five years			
Permit conditions:	No expiration			
d	IDR TUNS			
Authorized State Agent: mes Manhan	Date: 11-16-23 SEE ATTACHED SITE SKETCH			
The issuance of this permit by the health Department in no way guarantees the issuance of other	r permits. The permit holder is responsible for checking 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 Improvement	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.				
Constr	ruction Authorization			
	quired for Building Permit)			
	. 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.				
ISSUED TO: NEW Home Tax	PROPERTY I OCATION: St. 140 Bakendown its			
1330ED 10. 70.210 1307. 220	PROPERTY LOCATION: SCIUM Bokendown 700 SUBDIVISION Woodbridge South LOT # 27			
Facility Type: New	Expansion Repair			
Basement?  Yes No Basement Fixtures? Yes	□No			
Type of Wastewater System** Low Profile CA	mben (Initial) Wastewater Flow: 480 GPD			
(See note below, if applicable )				
Low Profile CAA				
Installation Requirements/Conditions Number of trenc				
	each trench			
1. The state of th	e installed on contour at a Soil Cover:inches			
	shall be level to +/-1/4" (Maximum soil cover shall not exceed 36" above the trench bottom)			
in all directions				
Pump Requirements:ft. TDH vsGPM	inches below pipe			
Tump Requirements.	Aggregate Depth: 2 inches above pipe			
Conditions: (UTS on Gradus CAN V				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA				
	the type specified on the application. I accept the specifications of this permit.			
applicable. I understand the system type specified is different from	the type specified on the application. I accept the specifications of this perime.			
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 conditions of this permit.				
Authorized State Agent: Somes & Marsh	JET THE S			
Authorized State Agent: Smes ( Mask	Pruction Authorization Expiration Date: 11-16-28			
[onst	ruction Authorization Expiration Date: 11-16-28			

## Harnett County Department of Public Health Site Sketch

Property Location: Sc1417 Bake	atom RD		
Issued To: NEW Home INC	Subdivision Woodbridge	South	Lot # <u>27</u>
Authorized State Agent:	Marhan FER REMS	Date: _	11-16-23
V- ()			
"Cuts on Grading may in	TED permit		
*Tryp may Be required,			



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.