App# ~~BCOM2305-0010~~
BCOM2609-0009

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _____

ISSUED TO: _____ SUBDIVISION _____ LOT # _____

NEW ☐ REPAIR ☐ EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: _____

Proposed Wastewater System Type: _____

Projected Daily Flow: _____ GPD

Number of bedrooms: _____ Number of Occupants: _____ max

Basement ☐ Yes ☐ No

Pump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilities

Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feet

Permit valid for: ☐ Five years ☐ No expiration

Permit conditions: _____

Authorized State Agent:: _____ Date: _____ SEE ATTACHED 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 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.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, 1954, .1955, 1956, 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.

ISSUED TO: ~~Estelle Lindsey~~ Anisa Poole PROPERTY LOCATION: 2277 NC 24

SUBDIVISION _____ LOT # _____

Facility Type: Day Care ☐ New ☒ Expansion ☐ Repair

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System** Existing (Initial) Wastewater Flow: _____ GPD

(See note below, if applicable ☐)

_____ (Repair)

Installation Requirements/Conditions

Septic Tank Size _____ gallons

Pump Tank Size _____ gallons

Number of trenches _____

Exact length of each trench _____ feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: _____ inches

(Trench bottoms shall be level to +/-1/4" in all directions)

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches

(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

_____ inches total

Conditions: 1000gal grease trap required. All kitchen waste to be plumbed into grease trap. Grease trap to be run into septic tank.

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 AREA.

**If applicable: *I understand the system type specified is different 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 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: _____ RGH Date: 6/8/23

Construction Authorization Expiration Date: 6/8/28