30240

HTE# BRESNIO-6074 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 61 WAYNE MELEAN DR EJ WOMACK SUBDIVISION LOT # REPAIR ☐ EXPANSION ☐ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: MAN. HOME (28 × 60) Proposed Wastewater System Type: CONVENTION AL Projected Daily Flow: 360 GPD Number of Occupants: 6 Number of bedrooms: 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 Five years Permit conditions: No expiration REHS 11/20/17 Authorized State Agent:: 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 PROPERTY LOCATION: 6) WAYNE MCLEAN DR ISSUED TO: EI WOMACIC Facility Type: Man Home (38' x 60')

New | SUBDIVISION | LOT # |

Repair Type of Wastewater System** (See note below, if applicable

) 25% REDUCTION SYSTEM (Repair) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: ______ 1 8 ____ 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 vs. ____ GPM inches below pipe Aggregate Depth: ______ inches above pipe 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 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: __ 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 are 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: _ Construction Authorization Expiration Date: ___

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Permit #	30240
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Harnett County Department of Public Health Site Sketch

50	PROPERTY LOCATON: 61	WAYNE MICLEAN	DR
ISSUED TO: EJ Womack	SUBDIVISION		LOT #
Authorized State Agent:	COLIVER TOLKSOOR	Date: 1) Dal 78	

