

HTE# BUES1811-0027

Harnett County Department of Public Health

30304

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Christopher & LeeAnn Champion PROPERTY LOCATION: 209 Devroah Ln. (US 401 N.)
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 1R
 Type of Structure: 4BR 38'x76' DWMH Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% reduction
 Projected Daily Flow: 400 GPD
 Number of bedrooms: 4 Number of Occupants: 8 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 NA feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 12/17/2018 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: Christopher & LeeAnn Champion PROPERTY LOCATION: 209 Devroah Ln. (US 401 N.)
 SUBDIVISION _____ LOT # 1R
 Facility Type: 4BR 38'x76' DWMH New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% reduction system (Initial) Wastewater Flow: 400 GPD
 (See note below, if applicable)
Pump to 25% reduction (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>5</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>50</u> feet	Soil Cover: <u>12</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>24</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>NA</u> inches below pipe
		<u>NA</u> inches above pipe
Conditions: <u>On Contour D-Box Equal Distribution Required</u>		<u>NA</u> 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: _____ 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: [Signature] Date: 12/17/2018
ANDREW CURRAN Construction Authorization Expiration Date: 12/17/2023

HTE# BRES1811-0027

Permit # 30304

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 209 Devorach Ln. (US 401N)

ISSUED TO: Christopher & LeeAnn Champion SUBDIVISION _____ LOT # 1R

Authorized State Agent: [Signature] Date: 12/17/2018

