

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Alejandro and Jessica Estrada PROPERTY LOCATION: 159 Georgie Dr, Broadway
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: DWMH 76'x32'
 Proposed Wastewater System Type: 25% Reduction
 Projected Daily Flow: 480 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] REHS-I Date: 1/27/2020 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: Alejandro and Jessica Estrada PROPERTY LOCATION: 159 Georgie Dr, Broadway
 SUBDIVISION _____ LOT # _____
 Facility Type: DWMH 76'x32' New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction (Initial) Wastewater Flow: 480 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>3</u> | Exact length of each trench <u>90</u> feet | Trench Spacing: <u>9</u> Feet on Center |
| Pump Tank Size _____ gallons | Trenches shall be installed on contour at a | Maximum Trench Depth of: <u>18</u> inches | Soil Cover: <u>6</u> inches |
| | (Trench bottoms shall be level to +/-1/4" in all directions) | (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
 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: _____ 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] REHS-I Date: 1/27/2020
 Construction Authorization Expiration Date: 1/27/2025

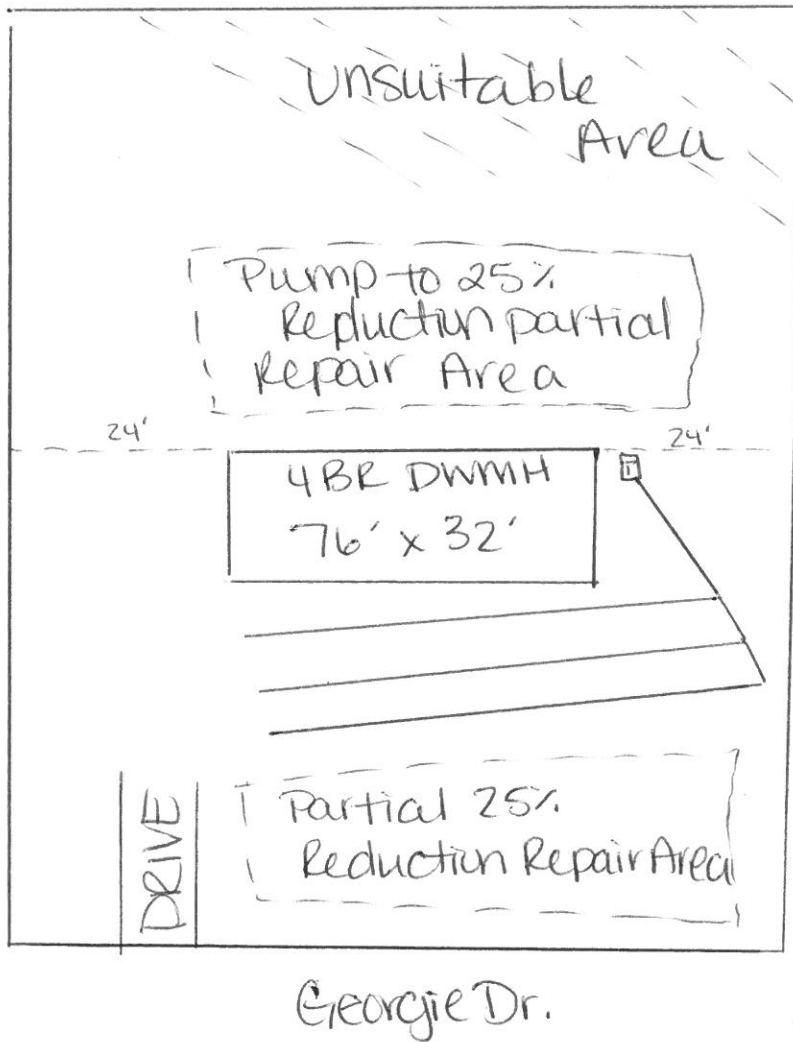
Application # BRES2001-0019

Harnett County Department of Public Health
Site Sketch

Property Location: 159 Georgie Dr, Broadway

Issued To: Alejandro + Jessica Estrada Subdivision _____ Lot # _____

Authorized State Agent: Bill Clark PEHS-I Date: 1/27/2020



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