

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 837 Mt Olive Church Rd

ISSUED TO: Sherrill Levon Kelly SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Man Home (76'x28')

Proposed Wastewater System Type: Pump to 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 100 feet Permit valid for: Five years

Permit conditions: Properly abandon well to receive to have system design completed and receive Construction Authorization. No expiration

Authorized State Agent: _____ Date: 8/10/20 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: _____ PROPERTY LOCATION: _____

SUBDIVISION _____ LOT # _____

Facility Type: _____ New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (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

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: _____ Date: _____

Construction Authorization Expiration Date: _____