Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 6 32 SILAS MOCKE NO (52 1557)
ISSUED TO: HEATHER F. BAUMHANER SUBDIVISION LOT#
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-000000 10/30' ALOS 51X43' 5=0
Proposed Wastewater System Type: 25% NESSOCION
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement Yes Mo
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:: Date: Date: Date: 06/04/2 ISEE 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.
the Laws and notes for sewage recatilient and disposal and to conditions of this permit.
Construction Authorization
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: HEATHER F. BAUMHAUER PROPERTY LOCATION: 632 SILAS MOORE NO (511557)
54 × 43' 5555 SUBDIVISION
Facility Type: 4-152 32430' MODION New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 25% NEDOCKION SYSTEM (Initial) Wastewater Flow: YEO GPD
(See note below, if applicable)
25% MEDUCATEN SISTIEM (Repair)
Installation Requirements/Conditions Number of trenches
Septic Tank Size 1000 gallons Exact length of each trench 1200 7 Feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches
Maximum Trench Depth of: 24 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 vsGPM inches below pipe
Aggregate Depth: inches above pipe
Conditions: GRAVITY TO D-BOX EQUAL D'S TO 13 STICKS INChes total
CONDITIONS. C. SOCIAL TO SOCIAL STATE OF SOCIA
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:
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
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Harnett County Department of Public Health Site Sketch

Property Location: 632 SILAG ISSUED TO: HEATHER BAUMHAUE		Lot #
	Elima res	Date:
Authorized State Agent:	Anorten wran	
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.