Harnett County Department of Public Health

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

PROPERTY LOCATION: 1286 OLD HAMILTON TOIS (SICILITY 46)
ISSUED TO: NONNIE HAMICTON SUBDIVISION LOT#
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-00000000 30'460' 5WMH Proposed Wastewater System Type: 25/0 125000000 573
Projected Daily Flow: GPD GPD
Number of bedrooms: 4 Number of Occupants: 4 max
Basement Yes No
Pump Required: Yes ANO May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well 50 + feet Permit valid for:
Permit conditions: No expiration
08/04/2621
Authorized State Agent:: Date:
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.
200112
ISSUED TO: NOTHIE LIAMILTON PROPERTY LOCATION: 1286 CLD HAMILTON 10- CSC 1776
- 4-152
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 25% 1250c770W Sis. (Initial) Wastewater Flow: GPD
(See note below, if applicable) 502 PEBES
Repair)
Installation Requirements/Conditions Number of trenches Aug 4
Septic Tank Size
Pump Tank Sizegallons
Maximum Trench Depth of:inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements: ft. TDH vsGPM inches below pipe
Aggregate Depth:A inches above pipe
Conditions: GRAVITY +0 D-BOX EQUAL DISTRIBUTION WA 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
All liver to
Authorized State Agent: Date:
ANDREW WASHED Construction Authorization Expiration Date: (ADDG/21/202)

Harnett County Department of Public Health Site Sketch

Property Location: 1286 GLD HAMILTON ND. (52 17:	76)	
Issued To: NONHIE HAMILTON Subdivision	Lot #	
Authorized State Agent:		
ANDREW CUR	n 00/04/2021	
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NEW CONTRACTOR OF THE PROPERTY	A	
25/2 75 (4)		
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William No.	√	
337 (3)		
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NESTON OS	X	
50%	-	
This drawing is for illustrative purposes only. System installation mu	ust meet all pertinent laws, rules, and regulations.	