

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 104 Lonnie Betts Dr. (Hwy 42)
 SUBDIVISION Austin Farms LOT # 7

ISSUED TO: Jeff & Gentry Doggendorf

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

Type of Structure: Ext. 3-Bedroom SFD

Proposed Wastewater System Type: 25% Reduction Sys.

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 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 No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 10/04/2021 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: Jeff & Gentry Doggendorf PROPERTY LOCATION: 104 Lonnie Betts Dr. (Hwy 42)
 SUBDIVISION Austin Farms LOT # 7

Facility Type: Ext. 3-Bedroom SFD New Expansion Repair ~~RELOCATION~~

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)

Pump to 25% Reduction Sys. (Repair)

| | | |
|---|---|--|
| <u>Installation Requirements/Conditions</u> | Number of trenches <u>2</u> | |
| Septic Tank Size <u>Ext.</u> gallons | Exact length of each trench <u>120</u> feet | Trench Spacing: <u>9</u> Feet on Center |
| Pump Tank Size _____ gallons | Trenches shall be installed on contour at a | Soil Cover: <u>6</u> inches |
| | Maximum Trench Depth of: <u>18</u> 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 vs. _____ GPM | | Aggregate Depth: <u>NA</u> inches below pipe |
| | | <u>NA</u> inches above pipe |
| Conditions: <u>Relocation: Gravity to 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: 10/04/2021
ANDREW COLEMAN Construction Authorization Expiration Date: 10/04/2026

Harnett County Department of Public Health Site Sketch

Property Location: 104 Lonnie Betts Dr. (Hwy 42)

Issued To: Jeff & Gentry Doggendorf

Subdivision Austin Farms

Lot # 7

Authorized State Agent:

Andrew Curran
ANDREW CURRAN

Date: 10/04/2021



* SYS. RELOCATION FOR POOL APPROVAL

* LEFT PROPERTY LINE SHALL BE CLEARLY IDENTIFIED @ INSTALL W/ NEAR SIGN LOCATED BEFORE POND

* GRAVITY TO D-BOX EQUAL DISTRIBUTION REQUIRED
* LOCATE EXT D-BOX
* TIE IN AND ADD NEW BELOW OFF EXT SUPPLY LINE
* SYS. FLAGGED OFFSITE

* POOL DRAINAGE SHALL BE TO RIGHT AND AWAY FROM SEPTIC AREA

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

Doggendorf - Pool Proposal
 3-Bedroom Septic Relocation Proposal
 104 Lonnie Betts Drive

*Repair Area per existing permit with Harnett County Health Department is not impacted.

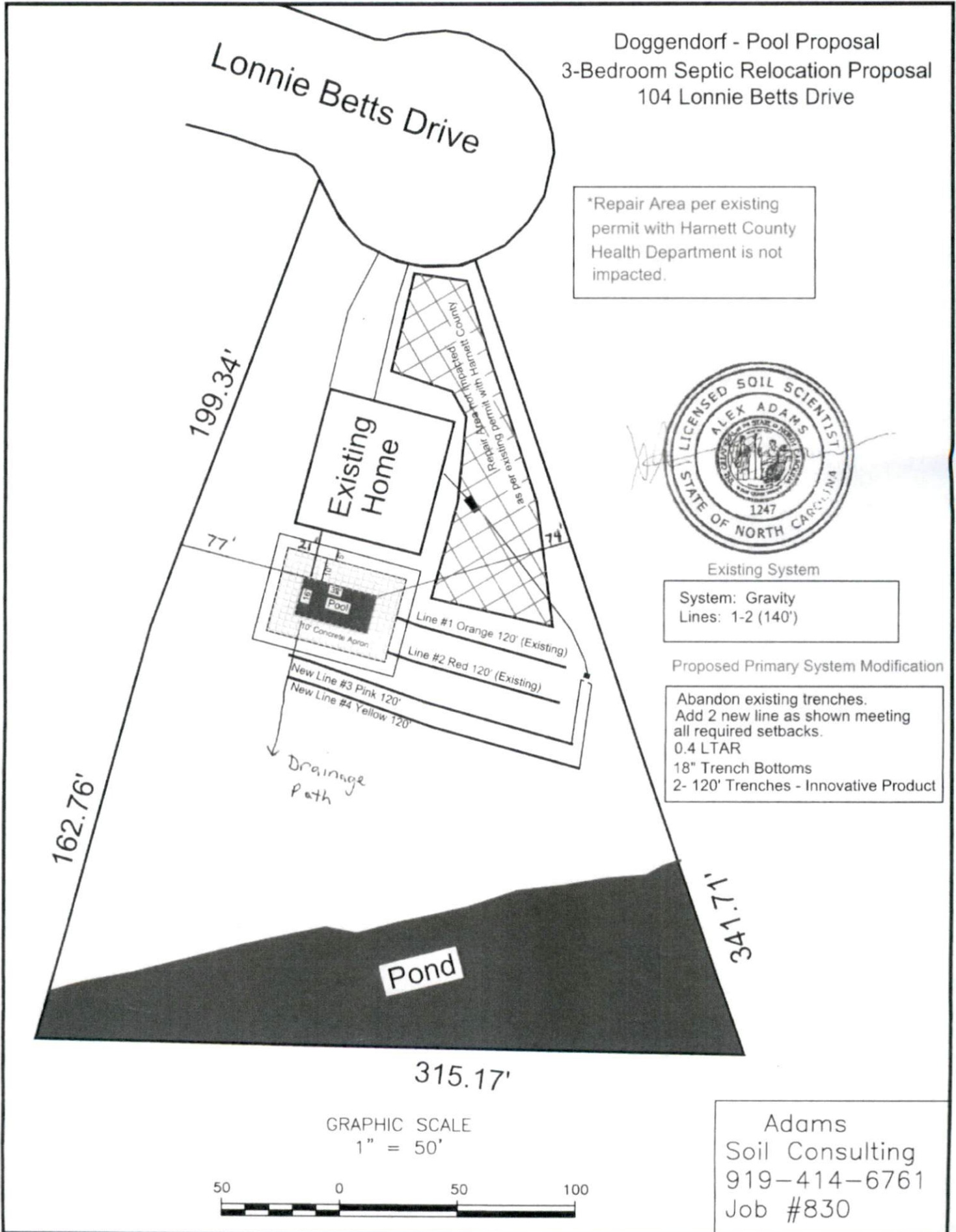


Existing System

System: Gravity
 Lines: 1-2 (140')

Proposed Primary System Modification

Abandon existing trenches.
 Add 2 new line as shown meeting all required setbacks.
 0.4 LTAR
 18" Trench Bottoms
 2- 120' Trenches - Innovative Product



Adams
 Soil Consulting
 919-414-6761
 Job #830

HTE# 07-5-16754

Harnett County Department of Public Health 19250

PERMIT # 23713

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Hwy 42

Name: (owner) BOONG HOMES

SUBDIVISION AUSTON FARMS

LOT # 7

System Installer: JASON MATHIAS

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well _____ feet

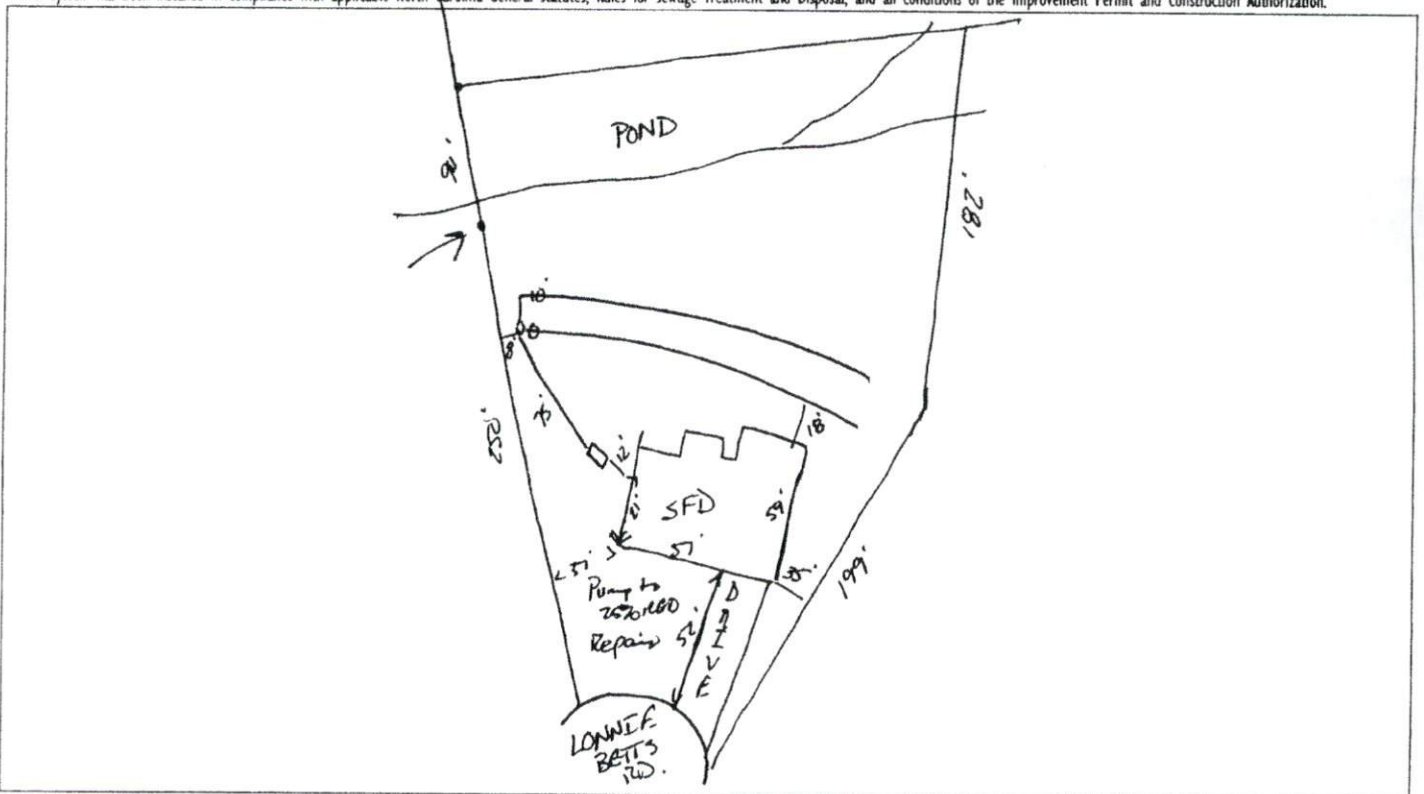
System Type: 15% REDUCTION SYSTEM

Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 15% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 2 of each ditch 120 feet ditches 3 feet ditches 24-218 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Mathias Date 5-18-07