

HTE# _____

Harnett County Department of Public Health

24476

PERMIT # 29384

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 521415 Rauls Church Rd

Name: (owner) Nathan + Karen Termon SUBDIVISION _____ LOT # _____

System Installer: Jason Natta Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 50' feet

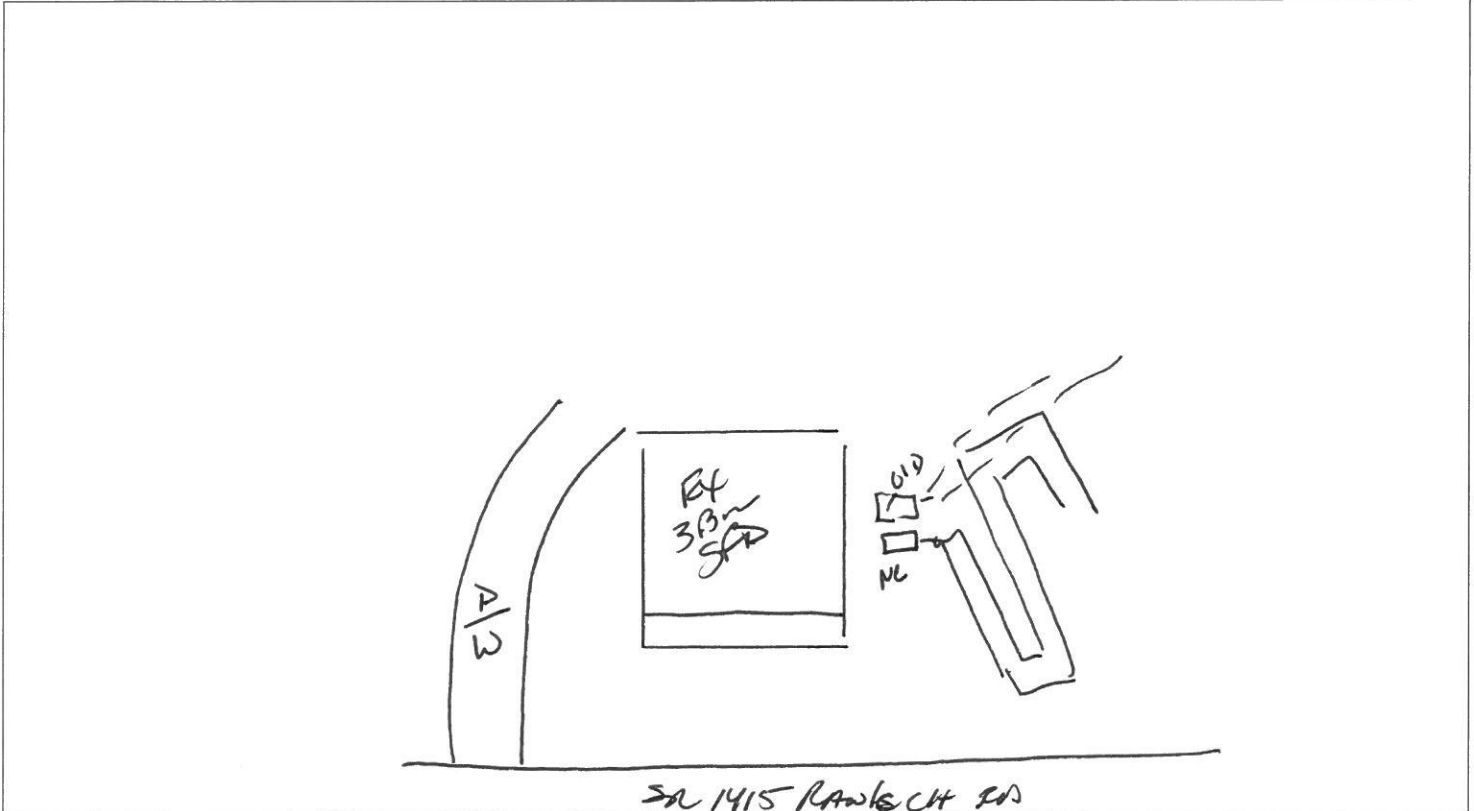
System Type: 25' 2" red water system Type III Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

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

EZLAG

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: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other 25' 2" red water EZLAG Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 feet width of ditches 3 feet depth of ditches 12-18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Jason Natta Date 5-22-17

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Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Nathan & Karen Termon PROPERTY LOCATION: 51415 RAILS CHURCH RD
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: EX SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25' 25' 25'
 Projected Daily Flow: 3600 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 100' feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 4-2-17 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: Nathan & Karen Termon PROPERTY LOCATION: 51415 RAILS CHURCH RD
 SUBDIVISION _____ LOT # _____
 Facility Type: EX SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 3600 GPD
 (See note below, if applicable 25' 25' 25' (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>2'</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>300</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>22-18</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe
Conditions: _____		<u>2</u> inches above pipe
		<u>12</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: 4-2-17
 Construction Authorization Expiration Date: 4-2-22

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Harnett County Department of Public Health Site Sketch

ISSUED TO: Nathan Kane Jensen PROPERTY LOCATION: SR 415 Rowles Church Rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Markham Date: 4-2-17

