

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: _____ Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: _____
 Projected Daily Flow: _____ GPD
 Number of bedrooms: _____ Number of Occupants: _____ 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: _____ Date: _____ 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: Elizabeth Piatt PROPERTY LOCATION: 261 W H Mclean Ln (SR 2026)
 SUBDIVISION _____ LOT # _____
 Facility Type: 28'x48' DWMH New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% reduction (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% reduction (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 1
 Pump Tank Size _____ gallons Exact length of each trench 225 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 14 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 _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: Install system as per design by LSS _____ 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.**

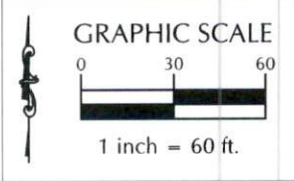
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
 Owner/Legal Representative Signature: _____ Date: _____

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: Moh A. RETS Date: 09-14-23
 Construction Authorization Expiration Date: 09-14-28

INITIAL SYSTEM: GRAVEL OR ACCEPTED STATUS
 360 GPD
 LINES: 1,2,3
 3 X 100' TRENCHES
 0.4 LTAR
 16" MAXIMUM DOWNSLOPE TRENCH BOTTOM
 MINIMUM 900 GALLON SEPTIC TANK
 D BOX OR SERIAL DISTRIBUTION
 SOIL CAP TO EXTEND 5' BEYOND TRENCHES
 TYPE AND PLACEMENT OF SOIL COVER TO BE
 APPROVED BY COUNTY HEALTH DEPARTMENT

REPAIR SYSTEM: GRAVEL OR ACCEPTED STATUS
 360 GPD
 LINES: 4,5,6
 3 X 100'
 0.4 LTAR
 16" MAXIMUM DOWNSLOPE TRENCH BOTTOM
 D BOX OR SERIAL DISTRIBUTION
 SOIL CAP TO EXTEND 5' BEYOND TRENCHES
 TYPE AND PLACEMENT OF SOIL COVER TO BE
 APPROVED BY COUNTY HEALTH DEPARTMENT

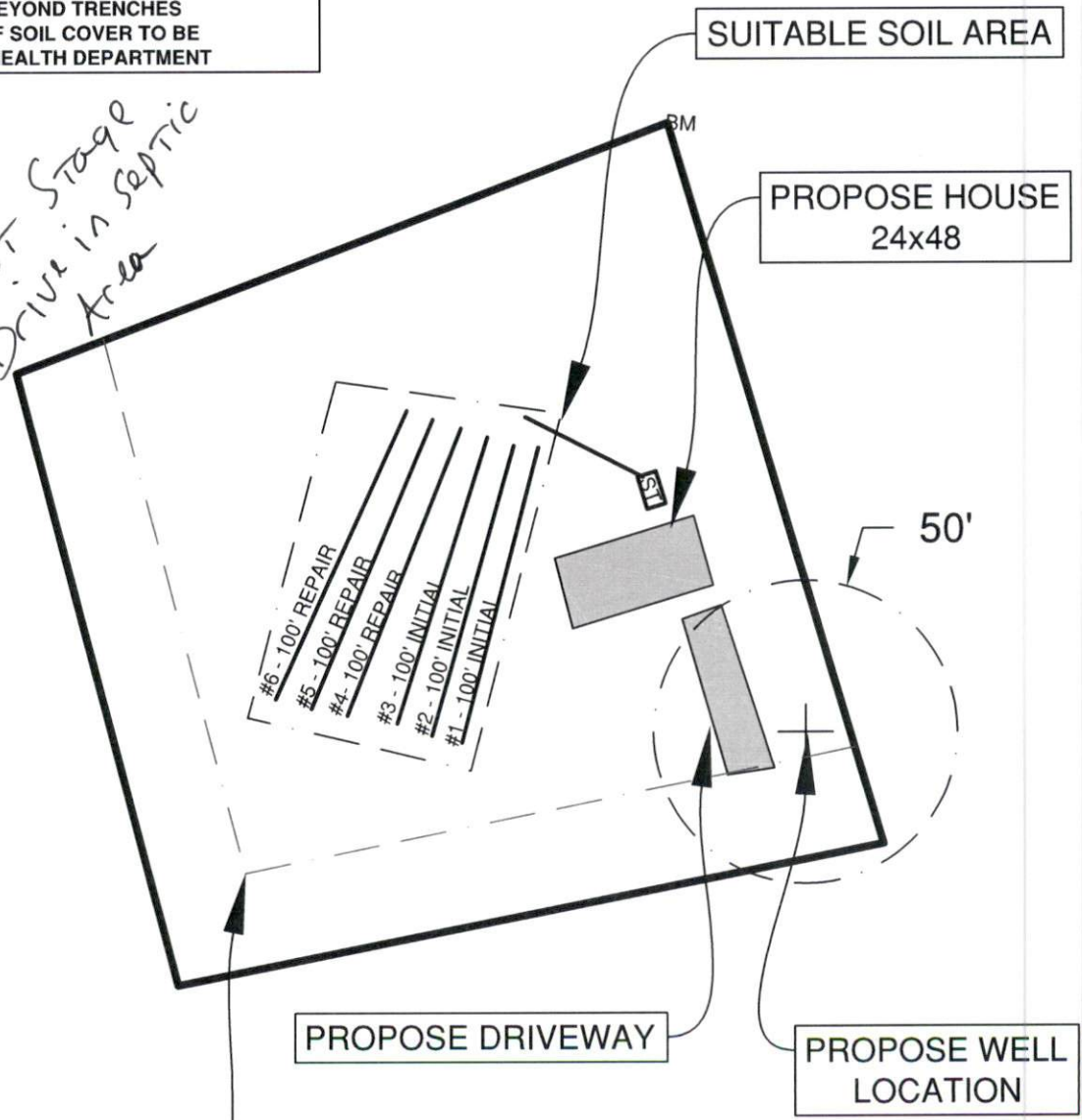


SYSTEMS DELINEATION

Line	Flag Color	Length	Design Length Installation	Rod Reading	Elevation	System Type
1	Blue	100	100	3.83	101.0	Initial
2	Red	100	100	4.75	100.1	Initial
3	Yellow	100	100	5.58	99.3	Initial
4	Double Blue	105	100	6.54	98.3	Repair
5	Double Yellow	105	100	7.33	97.5	Repair
6	Double Red	105	100	8.17	96.7	Repair

B.M. = 100.00' - iron pin property corner H.I. = 4.83'

*9-14-23
 Do Not Stage
 or Drive in Septic
 Area*



- NOTES:**
- 1) NOT A SURVEY - PLOT PLAN SUPPLIED BY PROPERTY OWNER.
 - 2) TANK AND TRENCHES TO BE LOCATED MINIMUM OF 10' FROM PROPERTY LINE AND MINIMUM OF 5' FROM ANY BUILDING FOUNDATION.
 - 3) DO NOT CUT, FILL OR ALTER DRAINFIELD OR REPAIR AREA.
 - 4) COMPLY WITH ALL SETBACKS