Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

B (+ B	PROPERTY LOCATION: 8559 OID US 421 (SR 1291)
ISSUED TO: Barefoot Building Co	SUBDIVISIONLOT #
NEW REPAIR EXPANSION STATES	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 20'x30' bath/laundry addition	
Proposed Wastewater System Type: Tank replacement	
Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8	
Number of bedrooms: 4 Number of Occupants: 8 Sasement Yes X No	max
Pump Required: Yes No May be required based on final	location and alayations of facilities
	ance from wellfeet Permit valid for: 🗵 Five years
Permit conditions:	□ No expiration
/ /	
Authorized State Agent::	EH Date: 11-30-23 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of or	her permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	nt 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.	
	at A at the attention
Cons	ruction Authorization
<u>(</u> B	equired for Building Permit)
	57, 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: Barefoot Building Co	PROPERTY LOCATION: 8559 Old US 421 (SR 1291)
1330ED 10. Delicitor Delicing Co	SUBDIVISION LOT #
Facility Type: 20'x30' bath/laundry addition New	30001131011
· · ·	
Basement? Yes No Basement Fixtures? Yes	⊠ No
Type of Wastewater System**	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	(0.5.1)
Tank_replacement	(Repair)
	nches <u>existing</u>
,	each trenchfeet Trench Spacing: Feet on Center
1	be installed on contour at a Soil Cover:inches
Maximum Tren	ch Depth of:inches (Maximum soil cover shall not exceed
(Trench bottom	s shall be level to +/-1/4" 36" above the trench bottom)
in all direction	s)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	. Aggregate Depth: inches above pipe
Conditions: SeT New Tank And reco	inches total
Drain Field	Aggregate Depth:inches above pipeinches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANV PART OF CERTIC CYCTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	tA.
**If applicable: 1 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:
	e 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	
10 11	
Authorized State Agent: Mah WRES	Date: 11-30-23
MULIUTIVEU MALE MYELL.	
	struction Authorization Expiration Date: 11-30-28

Harnett County Department of Public Health Site Sketch

