

App# SPD2209-0004

Harnett County Department of Public Health Improvement Permit

1451 Johnson RD
Orts D.C.

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Banfoot Building Company LLC PROPERTY LOCATION: 521554 Johnson RD SUBDIVISION _____ LOT # _____

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

Type of Structure: SFD

Proposed Wastewater System Type: 75% Reduction

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 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 No expiration

Permit conditions: _____

Authorized State Agent: James E. Markant Date: 10-13-22 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: Banfoot Building Company LLC PROPERTY LOCATION: 521554 Johnson RD SUBDIVISION _____ LOT # _____

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 75% Reduction System (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable 50% Reduction (Repair))

Installation Requirements/Conditions	Number of trenches <u>4</u>	
Septic Tank Size <u>1200</u> gallons	Exact length of each trench <u>80</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>22-7/8</u> inches (Trench bottoms shall be level to +1/4" in all directions)	Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total

Conditions: _____

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: _____

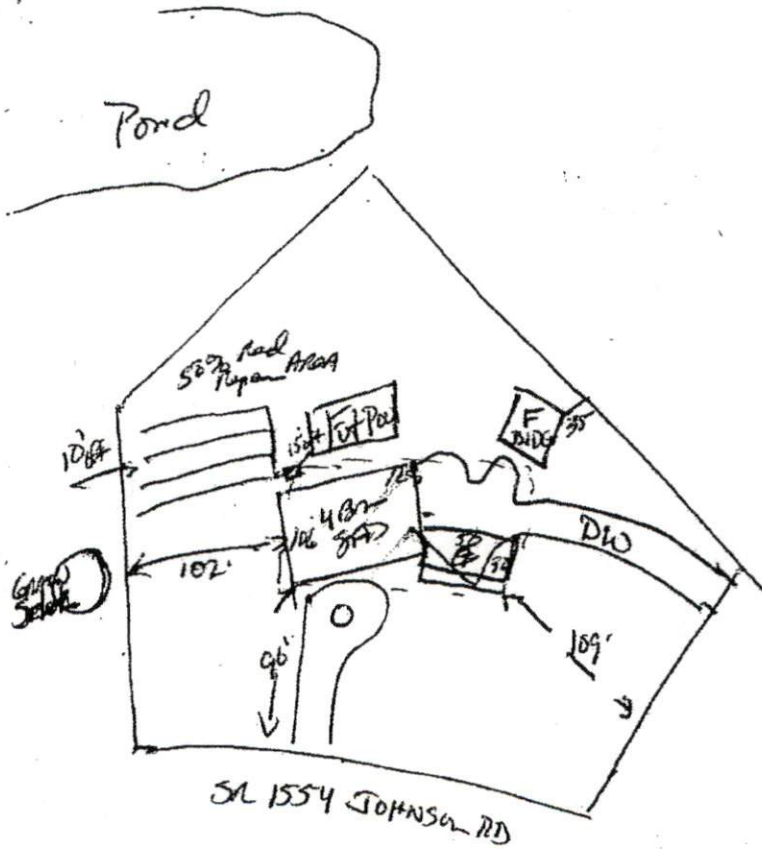
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Markant Date: 10-13-22
Construction Authorization Expiration Date: 10-13-27

Application # SD2209-0084

Harnett County Department of Public Health
Site Sketch

Property Location: SL 1554 JOHNSON RD
Issued To: Bandfoot Building Company LLC Subdivision _____ Lot # _____
Authorized State Agent: James E. Manhart PE P.E.H.S. Date: 10-13-22



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

Harnett County Department of Public Health

PERMIT # SD2205-0084

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: MISSY JOHNSON RD

Name: (owner) Barefoot Builders Company SUBDIVISION _____ LOT # _____

System Installer: Kathy Johnson

Basement with plumbing: Garage Number of Bedrooms 4

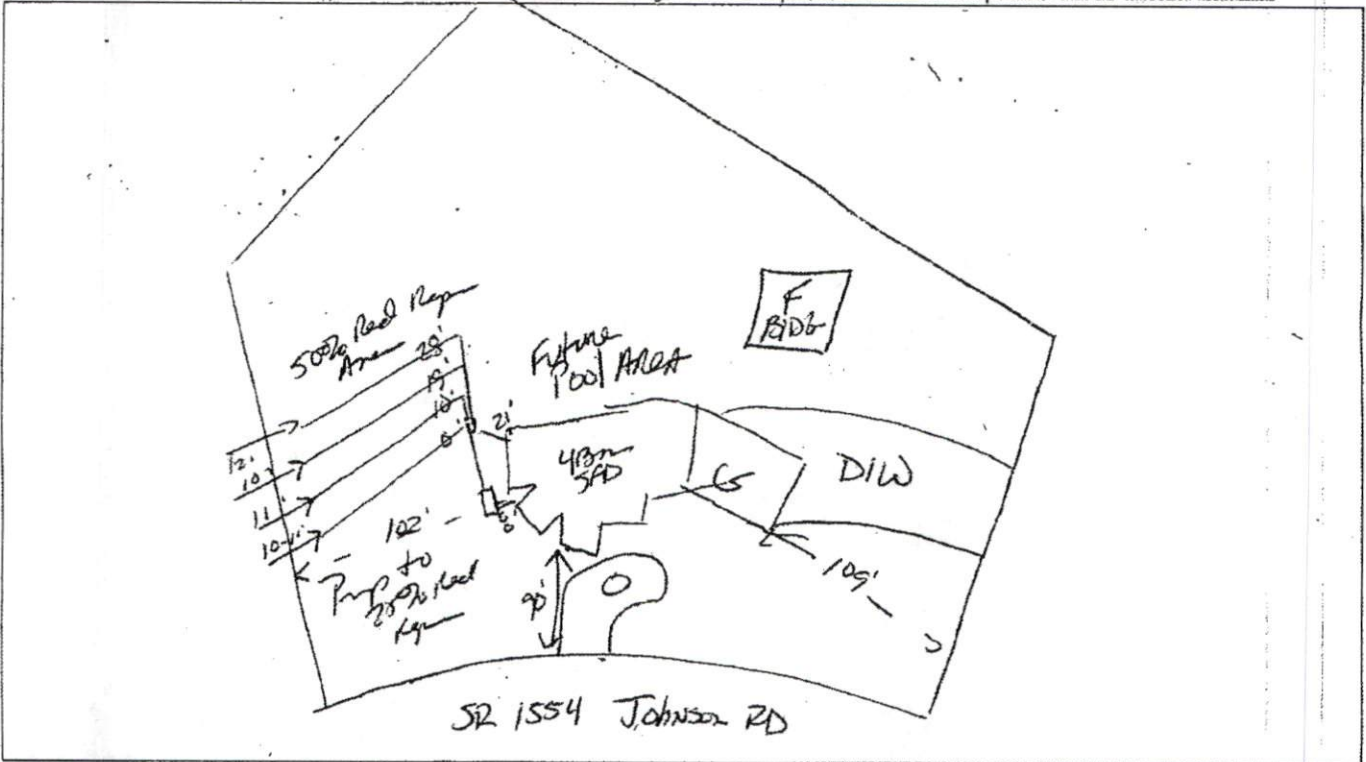
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCTIVE System Chamber Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

HPG 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: _____

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% REDUCTIVE Septic Tank: _____ gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 80 feet ditches 3 feet ditches 22'-18" inches
French Drain Required: _____ Linear feet

Authorized State Agent: James E. Mankin JR P.E. Date: 9-19-23