

HTE# 12-5-29427

Harnett County Department of Public Health

Improvement Permit

27084

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JAMES & LISA TAYLOR PROPERTY LOCATION: 96 KNOLLWOOD
 SUBDIVISION CAROLINA SEASONS LOT # F2
 NEW REPAIR EXPANSION
 Type of Structure: SFD (EXISTING) Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM
 Projected Daily Flow: 600 GPD
 Number of bedrooms: 5 Number of Occupants: 10 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
 No expiration
 Permit conditions: _____

Authorized State Agent: [Signature] RGHS Date: 8/6/12 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: JAMES & LISA TAYLOR PROPERTY LOCATION: 96 KNOLLWOOD
 SUBDIVISION CAROLINA SEASONS LOT # F2
 Facility Type: SFD (EXISTING) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 600 GPD
 (See note below, if applicable 25% REDUCTION (Repair))

Installation Requirements/Conditions
 Septic Tank Size SEE NOTES ON SKETCH gallons Number of trenches 1
 Pump Tank Size _____ gallons Exact length of each trench 90 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 24-6 inches
 Maximum Trench Depth of: 36-18 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: STEP DOWN AT END OF EXISTING LINE AND ADD
NEW LINE (SEE SITE SKETCH) _____ 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] RGHS Date: 8/6/12
 Construction Authorization Expiration Date: 8/4/17

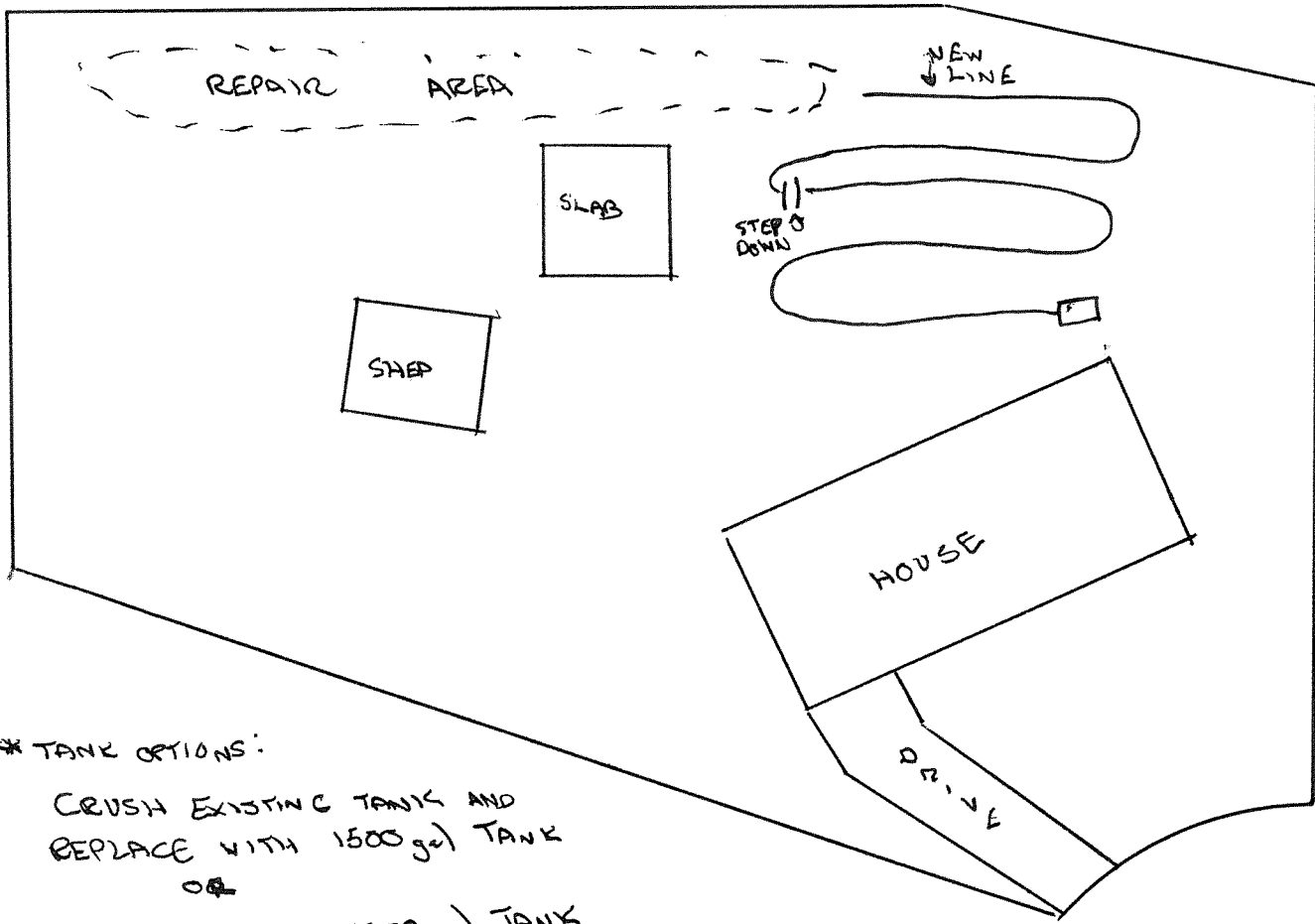
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Harnett County Department of Public Health Site Sketch

ISSUED TO: JAMES & LISA TAYLOR PROPERTY LOCATOR: 96 KNOWLWOOD
SUBDIVISION CAROLINA SEASONS LOT # F2

Authorized State Agent: ~~_____~~ RENS (OLIVER TOLKSDORF) Date: 8/6/12



* TANK OPTIONS:
 CRUSH EXISTING TANK AND
 REPLACE WITH 1500 gal TANK
 OR
 SET ADDITIONAL 1000 gal TANK
 AND RUN TANKS IN SERIES

HFE# 05-50012122
~~05-50012122~~

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

18116

OPERATIONS PERMIT

Name: (owner) Larry Allen New Installation Septic Tank Repair

Property Location: SR# 1201 Nitrification Line Expansion

Subdivision CAROLINA YACON Lot # F-2 Tax ID # _____ Quadrant # _____

Contractor: LARRY SHARPE Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

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

Type of system: Conventional Other Time Ch-p

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches <u>1</u>	of each ditch <u>210</u> ft.	ditches <u>3</u> ft.	ditches <u>18-24</u> in.

French Drain Required: _____ Linear feet Date: 01-19-06

PERMIT NO. 22121 Inspected by: Gu WARS

