

HTE# 14-5-32504

Harnett County Department of Public Health

27728

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Cathy Gardner PROPERTY LOCATION: 321514 MAMEB UPCARRETT RD
 NEW TANK REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: EX DWMH Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: EXISTING
 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

NEW TANK

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: Cathy Gardner PROPERTY LOCATION: 321514 MAMEB UPCARRETT
 SUBDIVISION _____ LOT # _____
 Facility Type: EX DWMH New Expansion Repair
 Basement? Yes No Basement Fjxtures? Yes No
 Type of Wastewater System** EX (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable)

EX (Repair)

Installation Requirements/Conditions	Number of trenches _____	Trench Spacing: _____ Feet on Center
Septic Tank Size <u>NEW</u> gallons	Exact length of each trench _____ feet	Soil Cover: _____ inches
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: _____ 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: _____ inches below pipe
		_____ inches above pipe
		_____ inches total

Conditions: NEW TANK

**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: John H. Boyd R.E.H.S Date: 02/21/14
Construction Authorization Expiration Date: _____

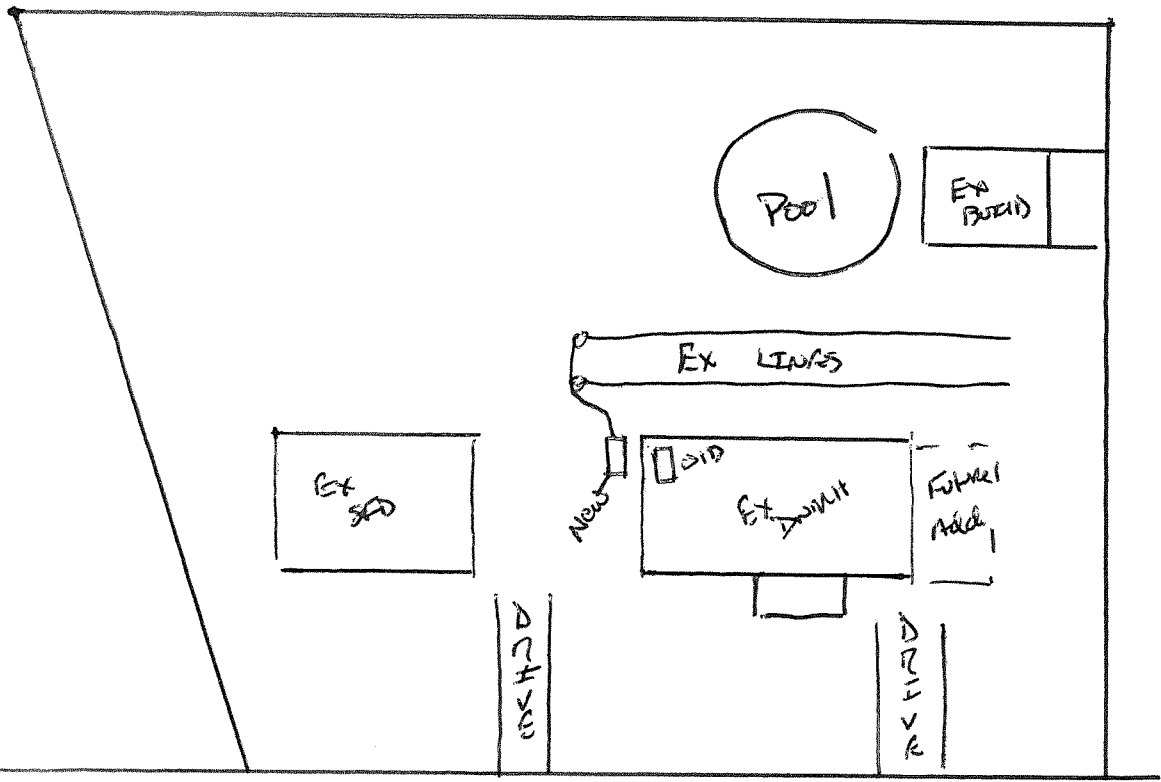
HTE# 14-5-32904

Permit # 27727

Harnett County Department of Public Health Site Sketch

ISSUED TO: Cathy Gardner PROPERTY LOCATOR: 501514 MAMIE Upchurch
SUBDIVISION _____ LOT # _____

Authorized State Agent: John H. Bond P.E.H.S. Date: 02/21/14



501514 MAMIE Upchurch RD