

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: GARY FLANARY ✓
 NEW REPAIR EXPANSION
 Type of Structure: ET SFD
 Proposed Wastewater System Type: 25% Red
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: James E. Manhan JR. TCEAS Date: 12-12-17 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: GARY FLANARY ✓
 PROPERTY LOCATION: 821441 Chalybeate Sp Rd
 SUBDIVISION _____ LOT # _____
 Facility Type: ET SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
25% Reductor (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size _____ gallons
 Number of trenches 1
 Exact length of each trench 210 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 30-38 inches
 (Trench bottoms shall be level to +/-1/4"
 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Conditions: _____
 Trench Spacing: 9 Feet on Center
 Soil Cover: 6 inches
 (Maximum soil cover shall not exceed
 36" above the trench bottom)
 Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 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: James E. Manhan JR. TCEAS Date: 12-12-17
 Construction Authorization Expiration Date: 12-12-22

HTE# 17-5-4272412

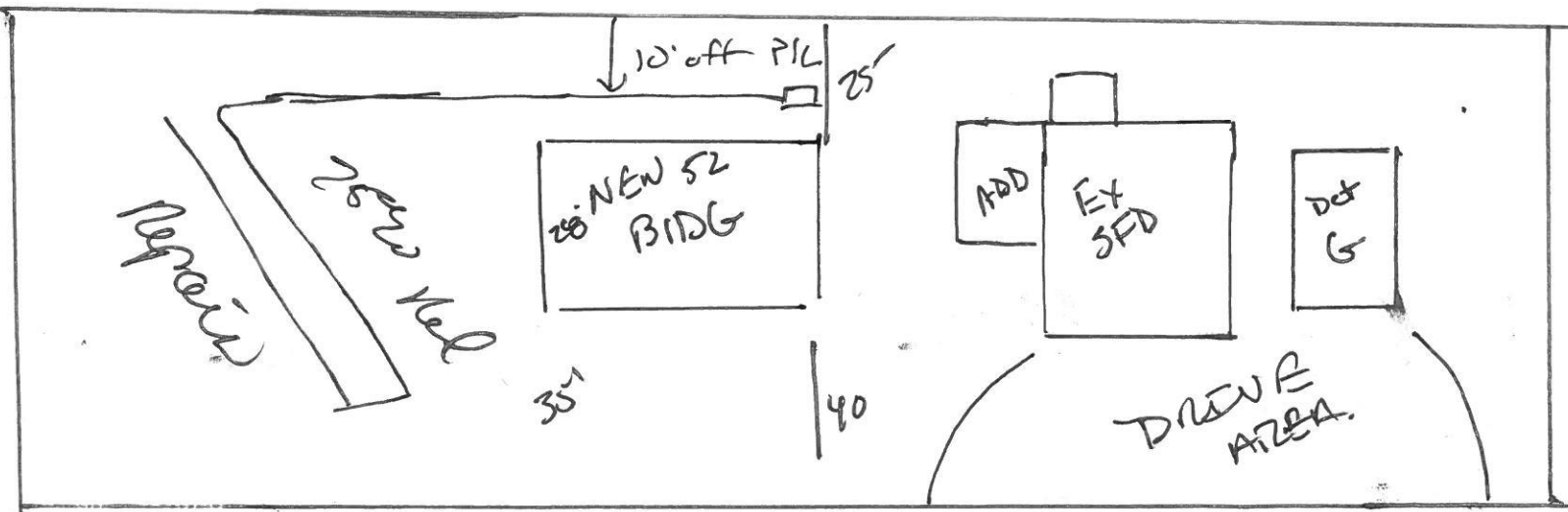
Permit # 29628

Harnett County Department of Public Health Site Sketch

ISSUED TO: GARY FLANARY PROPERTY LOCATOR: 281441 Chalybeate Sp Rd
 SUBDIVISION _____ LOT # _____
 Authorized State Agent: James E. Markham @ RPHS Date: 12-12-17

DRAINLINE CAN BE NEXT TO BUFFER ESMT.
 10' off of property line though.

35' Buffer Scope



281441 Chalybeate Sp Rd