

HTE# \_\_\_\_\_

## Harnett County Department of Public Health

29621

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: GARY + Shirley FLANNERY PROPERTY LOCATION: on 1441 Chalybeate Sp RD  
 NEW ☒ REPAIR ☒ EXPANSION ☐ SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Type of Structure: EX SFD Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Proposed Wastewater System Type: conventional  
 Projected Daily Flow: 240 GPD  
 Number of bedrooms: 2 Number of Occupants: 4 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

Authorized State Agent: [Signature] Date: 10-27-17 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 + Shirley FLANNERY PROPERTY LOCATION: on 1441 Chalybeate Sp RD  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Facility Type: EX SFD ☐ New ☐ Expansion ☒ Repair  
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No  
 Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: 240 GPD  
 (See note below, if applicable ☐) conventional (Repair)

Installation Requirements/Conditions

Septic Tank Size EX gallons  
 Pump Tank Size \_\_\_\_\_ gallons

Number of trenches 2  
 Exact length of each trench 60 feet  
 Trenches shall be installed on contour at a  
 Maximum Trench Depth of: 22 inches  
 (Trench bottoms shall be level to  $\pm 1/4"$   
 in all directions)

Trench Spacing: 9 Feet on Center  
 Soil Cover: 6 inches  
 (Maximum soil cover shall not exceed  
 36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM

Aggregate Depth: 6 inches below pipe  
7 inches above pipe  
12 inches total

Conditions: Contractor to contact E.H.  
Prior to INSTALL

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] Date: 10-27-17  
 Construction Authorization Expiration Date: 10-27-22

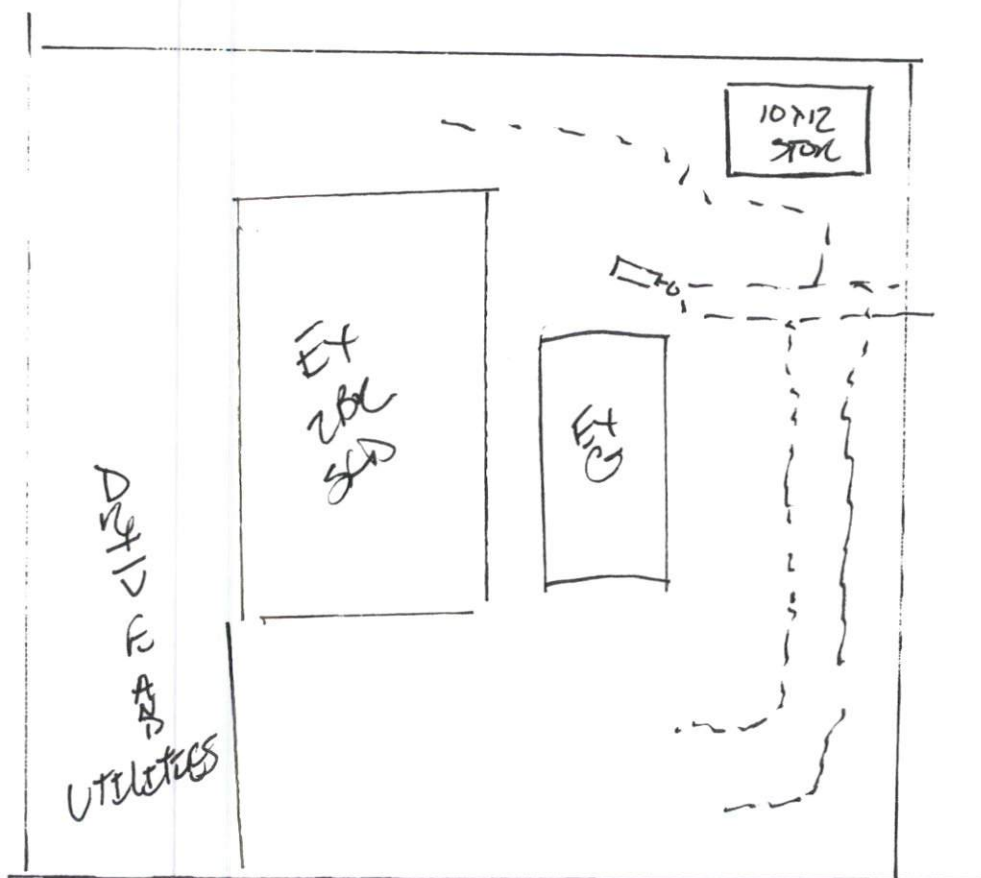
HTE# \_\_\_\_\_

Permit # 29621

## Harnett County Department of Public Health Site Sketch

ISSUED TO: GARY T. SHIRLEY FLANNERY PROPERTY LOCATION: SR 1441 Chalybeate Sp Rd  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Authorized State Agent: JAMES E. MANHART III RE-HS Date: 10-27-17

Contractor to Contact E.H. Prior to INSTALL.



SR 1441 Chalybeate Sp Rd