

HTE# 10-5-23882R

# Harnett County Department of Public Health

26381

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: LYLE HOGUE PROPERTY LOCATION: OLDSHAW SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION  Type of Structure: Gym, MULTIPURPOSE ROOM Site Improvements required prior to Construction Authorization Issuance: • SYSTEM AREA TO BE CLEARED AND SYSTEM PLACED

Proposed Wastewater System Type: PRESSURE MANIFOLD SYSTEM Projected Daily Flow: 2995 GPD • CONSTRUCTION PLANS w/ BUILDING CAPACITY

Number of bedrooms: — Number of Occupants: 599 max Basement  Yes  No VERIFIED

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] Date: 1/7/11 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: \_\_\_\_\_ PROPERTY LOCATION: \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Facility Type: \_\_\_\_\_  New  Expansion  Repair Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: \_\_\_\_\_ GPD (See note below, if applicable ) \_\_\_\_\_ (Repair)

**Installation Requirements/Conditions**  
Septic Tank Size \_\_\_\_\_ gallons  
Pump Tank Size \_\_\_\_\_ gallons  
Number of trenches \_\_\_\_\_  
Exact length of each trench \_\_\_\_\_ feet  
Trench Spacing: \_\_\_\_\_ Feet on Center  
Trenches shall be installed on contour at a  
Maximum Trench Depth of: \_\_\_\_\_ inches  
(Trench bottoms shall be level to +/-1/4" in all directions)  
Soil Cover: \_\_\_\_\_ inches  
(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM Aggregate Depth: \_\_\_\_\_ inches below pipe \_\_\_\_\_ inches above pipe \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Construction Authorization Expiration Date: \_\_\_\_\_