

HTE# 15-5-37116

Harnett County Department of Public Health

28575

Refer to
3560 RR

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: MARIA LUZ GARCIA P
NEW REPAIR EXPANSION

PROPERTY LOCATION: 51551 Johnston County LEVE RD
SUBDIVISION _____ LOT # _____

Type of Structure: SFD + Det Garage

Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% Reduction

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 _____ feet

Permit valid for: Five years
 No expiration

Permit conditions: _____

Authorized State Agent: James E. Markert Date: 10-23-15

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: MARIA LUZ GARCIA P

PROPERTY LOCATION: 51551 Johnston County LEVE RD
SUBDIVISION _____ LOT # _____

Facility Type: SFD + Det GAR 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)
Pump to 25% Reduction (Repair)

Installation Requirements/Conditions

Septic Tank Size 1200 gallons

Number of trenches 5
Exact length of each trench 80 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size 1200 gallons

Trenches shall be installed on contour at a
Maximum Trench Depth of: 18 inches

Soil Cover: 6 inches

5 Bedroom ONLY

(Trench bottoms shall be level to +/- 1/4" in all directions)

(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: 6 inches below pipe

Conditions: French Drain Required

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. Markert Date: 10-23-15
Construction Authorization Expiration Date: 10-23-20

HTE# 15-5-37146

Permit # 28575

Harnett County Department of Public Health Site Sketch

ISSUED TO: MARIA LIZ GARCIA PROPERTY LOCATOR: SR 1551 Johnston County Line RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Markham Date: 10-23-15

