

HTE# 12-5-28541

Harnett County Department of Public Health

Improvement Permit

26934

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Melissa Encinar PROPERTY LOCATION: 325 Kramer Rd.
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____ LOT # _____
 Type of Structure: Existing Modular Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: Existing
 Projected Daily Flow: 25 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 50 feet Permit valid for: ☒ Five years
 Permit conditions: _____ ☐ No expiration

Authorized State Agent: Bryan McSwain, REHS Date: 4/24/2012 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: Melissa Encinar PROPERTY LOCATION: 325 Kramer Rd.
 SUBDIVISION _____ LOT # _____
 Facility Type: Existing Modular ☒ New ☐ Expansion ☐ Repair
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No
 Type of Wastewater System** Existing (Initial) Wastewater Flow: 25 GPD
 (See note below, if applicable ☐)

Installation Requirements/Conditions

Septic Tank Size 1000 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

Soil Cover: _____ inches

Maximum Trench Depth of: _____ inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to $\pm 1/4"$

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

Conditions: Label A-300 8x18 Filter will be needed

_____ inches above pipe

_____ 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: Bryan McSwain, REHS Date: 4/24/2012
 Construction Authorization Expiration Date: 4/24/2017

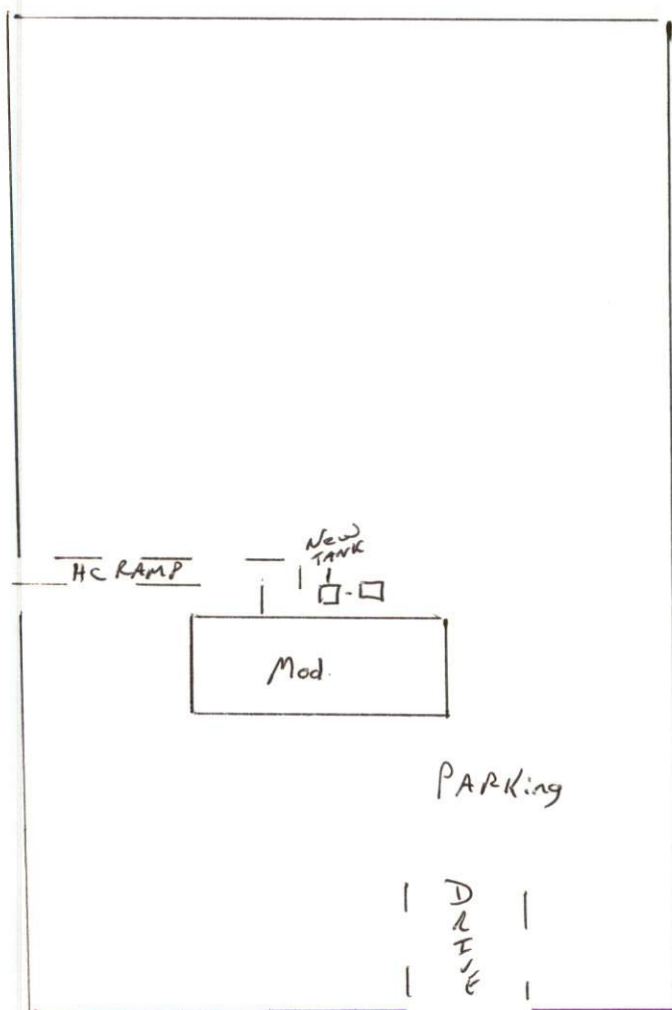
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Permit # 26934

Harnett County Department of Public Health Site Sketch

ISSUED TO: Melissa Encinas PROPERTY LOCATOR: 325 Kramer Rd.
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McSwain, RCHS Date: 8/24/2012



Kramer Rd.