HTE# 16-5-40484 Harnett County Department of Public Health

29167

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: + June 3010 ISSUED TO: JOHNNER STEWART SUBDIVISION NEW 🗹 REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ SWM H Proposed Wastewater System Type: 250/orcedunt un Projected Daily Flow: Number of bedrooms: _______ Number of Occupants: _____ max Basement Yes May be required based on final location and elevations of facilities Pump Required: ☐Yes □ No Type of Water Supply:
Community Public Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ■ No expiration 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. | PROPERTY LOCATION: 1+wy 301 N | SUBDIVISION | LOT # | Expansion | Repair | Repair | Repair | PROPERTY LOCATION: 1+wy 301 N | LOT # | Basement Fixtures? Tes Vo (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable [])_ Installation Requirements/Conditions Exact length of each trench 240 feet Trench Spacing: Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: ______ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM 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: 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: Jones & Morhan Aways

Harnett County Department of Public Health Site Sketch

ISSUED TO:
Authorized State Agent: Date: 1-24-17
* SWMH AIREADY SET UP. Two Different Well ANGAS. WhichEver ONE
IS USED Repair ANEA WELL MOVE
to 100' setback Alternate AREA.
System and Repair NO Closer Ham 100' to NEW Well.
+ 25 ACRE TRACT System Flassed MAY WANT TO MEET ONS THE Prior to TWO TALL.
Porod (146A) (150)
100 14 EX SWALL 25% Red 25% Red Well 30 Well 30 Well
DIRT Bry AN McLANG 12D