

HTE# 11-5-27705

Harnett County Department of Public Health

Improvement Permit

26543

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: EDWARD + GENNY Kelly PROPERTY LOCATION: 381564 Maple RD
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____ LOT # _____
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: MANITFE TO 25% REDUCTION
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 100 feet Permit valid for: ☒ Five years
 Permit conditions: _____ ☐ No expiration

Authorized State Agent: Jones E Markham Date: 10-26-11 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: EDWARD + GENNY Kelly PROPERTY LOCATION: 381564 Maple RD
 SUBDIVISION _____ LOT # _____
 Facility Type: SFD ☒ New ☐ Expansion ☐ Repair
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
 Type of Wastewater System** Manitfe to 25% REDUCTION system (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable ☐)
manitfe to 25% RED VITRA STATION AT 6445R (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
 Pump Tank Size 1000 gallons

Number of trenches 2Exact length of each trench 120 feetTrenches shall be installed on contour at a
 Maximum Trench Depth of: 28-18 inches(Trench bottoms shall be level to $\pm 1/4"$
 in all directions)Trench Spacing: 9 Feet on CenterSoil 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
2 inches above pipe
12 inches total

Conditions: Contactor to meet on site 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: Jones E Markham Date: 10-26-11
 Construction Authorization Expiration Date: 10-26-16

HTE# 11-5-27705

Permit # 26543

Harnett County Department of Public Health
Site Sketch

ISSUED TO: EDWARD + Genny Kelly PROPERTY LOCATION: SR1564 Maple RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Manhart III Date: 10-26-11

*Contractor to meet on SITE
Prior to INSTALL.

