

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: SR 2003 McLamb RD

ISSUED TO: Caleb Troy Clayton SR

SUBDIVISION _____ LOT # 1

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD

Proposed Wastewater System Type: 25% RADIUM

Projected Daily Flow: 720 GPD

Number of bedrooms: 3 Number of Occupants: 12 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 No expiration

Permit conditions: _____

Authorized State Agent: James E. Markant Date: 8-4-15

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: Caleb Troy Clayton SR

PROPERTY LOCATION: SR 2003 McLamb RD

SUBDIVISION _____ LOT # 1

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% RADIUM system (Initial) Wastewater Flow: 720 GPD

(See note below, if applicable) 25% RADIUM system (Repair)

Installation Requirements/Conditions

Septic Tank Size 1500 gallons

Pump Tank Size _____ gallons

Number of trenches 2 OR 3

Exact length of each trench 300 OR 200 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 24 MAX inches

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

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

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

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: 4 inches below pipe

2 inches above pipe

Conditions: _____ 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. Markant Date: 8-4-15
Construction Authorization Expiration Date: 8-4-20

HTE# 15-5-36837R

Permit # 28492

Harnett County Department of Public Health Site Sketch

ISSUED TO: Caleb Troy Clayton Sr PROPERTY LOCATION: SR 2003 McLamb Rd SUBDIVISION _____ LOT # 1

Authorized State Agent: James E. Markant Date: 9-4-15

* System must be 108 minimum off of EX Well.

