

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: BRUCE MARTIN
PROPERTY LOCATION: SR 1775 Chicora RD
SUBDIVISION: Chicora CLUB DR
LOT #:
NEW [] REPAIR [] EXPANSION [x]
Type of Structure: Ex SFD
Proposed Wastewater System Type: Ex Con
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement [] Yes [] No
Pump Required: [] Yes [] No [x] May be required based on final location and elevations of facilities
Type of Water Supply: [] Community [x] Public [] Well Distance from well _____ feet
Permit valid for: [x] Five years [] No expiration
Permit conditions: _____

Authorized State Agent: James E. Martin, PE, CBAS Date: 2-19-10 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: BRUCE MARTIN
PROPERTY LOCATION: SR 1775 Chicora RD
SUBDIVISION: CHICORA CLUB DR
LOT #:
Facility Type: Ex SFD [] New [x] Expansion [] Repair
Basement? [] Yes [] No Basement Fixtures? [] Yes [] No
Type of Wastewater System: Existing Septic Tank Replace (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable [])
(Repair)

Installation Requirements/Conditions
Septic Tank Size: 1200 gallons
Pump Tank Size: _____ gallons
Number of trenches: Ex
Exact length of each trench: Ex feet
Trench Spacing: Ex Feet on Center
Trenches shall be installed on contour at a
Maximum Trench Depth of: Ex inches
Soil Cover: Ex inches
(Trench bottoms shall be level to +/- 1/4"
(Maximum soil cover shall not exceed
in all directions) 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM
Aggregate Depth: Ex inches below pipe
Ex inches above pipe
Ex inches total
Conditions: _____

**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. Martin, PE, CBAS Date: 2-19-10
Construction Authorization Expiration Date: 2-19-12

HTE# 10-5-23775

Permit # 25720

Harnett County Department of Public Health Site Sketch

ISSUED TO: Bruce Martin PROPERTY LOCATOR: 51775 Chicora RD
SUBDIVISION Chicora CC LOT # _____

Authorized State Agent: James E. Markham Date: 2-19-10

- * UNCOVER EXISTING D-BOX CAREFULLY - to Reconnect NEW TANK to EXISTING DRAIN LINES without disturbance. NEW TANK TO BE 5' OFF of Addition.
- * IF TANK IS DEEPER THAN 6" UNDERGROUND - RISERS WILL BE REQUIRED.

