

HTE# 15-537133R

Harnett County Department of Public Health Improvement Permit

28616

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: SOUTH RIVER RD

ISSUED TO: JEFF RICHARDSON

SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD (54x62)

Proposed Wastewater System Type: Pump To 25% Red.

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 No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 11/24/15

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: JEFF RICHARDSON

PROPERTY LOCATION: SOUTH RIVER RD

SUBDIVISION _____ LOT # _____

Facility Type: SFD (54x62) New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Pump To 25% REDUCTION SYS (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable) Pump To 25% Red (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 4
Exact length of each trench 60 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size SEE NOTE gallons

Trenches shall be installed on contour at a
Maximum Trench Depth of: 18-20 inches

Soil Cover: 6-8 inches
(Maximum soil cover shall not exceed
36" above the trench bottom)

* MINIMUM SIZE IS 1000 GAL
* TANK SIZE DEPENDANT ON
PUMP SIZE

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

Pump Requirements: 60 ft. TDH vs. 23 GPM

Aggregate Depth: _____ inches below pipe
_____ inches above pipe
_____ inches total

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: _____ 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: [Signature] Date: 11/24/15

Construction Authorization Expiration Date: 11/24/20

HTE# 15-5-37133R

Permit # 28616

Harnett County Department of Public Health Site Sketch

ISSUED TO: JEFF RICHARDSON PROPERTY LOCATOR: SOUTH RIVER RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ AGHS (ORANGE TOWN) Date: 4/24/15

