

HTE# 18-5-23471

Harnett County Department of Public Health

30017

43470 (STORAGE BLDG.)

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: BETTY ANN BOWEN
PROPERTY LOCATION: JOSEY WILLIAMS RD
NEW [X] REPAIR [] EXPANSION []
Type of Structure: SFD (77'x47')
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement [] Yes [X] No
Pump Required: [] Yes [X] No
Type of Water Supply: [] Community [X] Public [] Well
Permit valid for: [X] Five years [] No expiration

Authorized State Agent: [Signature] Date: 3/22/18 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.

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.

ISSUED TO: BETTY ANN BOWEN
PROPERTY LOCATION: JOSEY WILLIAMS RD
Facility Type: SFD (77'x47') [X] New [] Expansion [] Repair
Basement? [] Yes [X] No
Type of Wastewater System: 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable []) 25% RED. SYS. (Repair)

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size _____ gallons
Number of trenches 2
Exact length of each trench 60 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 18 inches
Maximum Trench Depth of: 30 inches
Pump Requirements: _____ ft. TDH vs. _____ GPM
Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ 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: [Signature] Date: 3/22/18
Construction Authorization Expiration Date: 3/22/18

L3470

HTE# 18-5-43471

Permit # 30017

Harnett County Department of Public Health Site Sketch

ISSUED TO: BETTY ANN BOWEN PROPERTY LOCATION: JOSEY WILLIAMS RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ GMS (OLIVER TOLKSDORF) Date: 3/22/18

1.48
ACRES



