

HTE# _____

Harrison County Department of Public Health

29644

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Michele Freeman PROPERTY LOCATION: 01532 Mabry Rd
NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: BUSINESS Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: EXISTING
Projected Daily Flow: EX GPD
Number of bedrooms: 5x Number of Occupants: EX 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 50' feet Permit valid for: ☒ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: James E. Manhart JR Date: 3-5-18 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. 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: Michele Freeman PROPERTY LOCATION: 01532 Mabry Rd
FACILITY TYPE: BUSINESS ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** (See note below, if applicable ☐) (Initial) Wastewater Flow: EX GPD
TANK REPLACES AND (Repair)
Installation Requirements/Conditions
Septic Tank Size 1000 gallons Number of trenches EX
Pump Tank Size _____ gallons Exact length of each trench EX feet
Trench Spacing: EX Feet on Center
Soil Cover: EX inches
(Maximum soil cover shall not exceed 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: _____

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. Manhart JR Date: 3-5-18
Construction Authorization Expiration Date: 3-6-23

HTE# _____

Permit # 29644

Harnett County Department of Public Health Site Sketch

ISSUED TO: Michelle Greene PROPERTY LOCATION: SR 1538 Mabry RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: [Signature] Date: 3-5-18

