

HTE# REPAIR

Harnett County Department of Public Health

29438

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: _____
 Proposed Wastewater System Type: _____
 Projected Daily Flow: _____ GPD
 Number of bedrooms: _____ Number of Occupants: _____ 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: _____ Date: _____ 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: BRANDON COXIN PROPERTY LOCATION: 90 FRONTIER CT
 SUBDIVISION BROOKWOOD LOT # 4
 Facility Type: EXT. SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) 25% RECOVERY SYS. (Repair)

Installation Requirements/Conditions
 Septic Tank Size EXISTING gallons
 Pump Tank Size EXISTING gallons
 Number of trenches 1
 Exact length of each trench 45 feet
 Trench Spacing: _____ Feet on Center
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 24 inches
 (Trench bottoms shall be level to +/-1/4" MAX
 in all directions)
 Soil Cover: 12 inches
 (Maximum soil cover shall not exceed
 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 _____ inches total
 Conditions: SEE SITE SKETCH FOR DETAILS

**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: _____

 Date: 3/31/17
 Construction Authorization Expiration Date: 3/31/22

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Harnett County Department of Public Health Site Sketch

ISSUED TO: BRANDON COYNE PROPERTY LOCATOR: 90 FRONTIER CT
SUBDIVISION BROOKWOOD LOT # 4

Authorized State Agent: ~~REISS (LIVING TOLKORFF)~~ Date: 3/31/17

- * SET NEW DISTRIBUTION BOX 10' FROM PROPERTY LINE
- * ADD 45' OF DRAINLINE
- * TIE ALL LINES TOGETHER TO MAKE A ONE LINE SYSTEM

