

HTE# 05-5-1127912
05-5-11280

Harrison County Department of Public Health 24237

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: SR1500 Benson RD

ISSUED TO: Randy C Jones SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD + Ex Built SHDP _____

Proposed Wastewater System Type: 25% (REDUCTION) System _____

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 _____ feet Permit valid for: Five years

Permit conditions: _____ No expiration

Authorized State Agent: James E. Markant Date: 9-13-07 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: Randy C Jones PROPERTY LOCATION: SR1500 Benson RD

SUBDIVISION _____ LOT # _____

Facility Type: SFD + Ex Built SHDP New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% (REDUCTION) Syst (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

25% (REDUCTION) System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1200 gallons Exact length of each trench 3 X 100 feet Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)

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

Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe

Conditions: _____ 2 inches above pipe

_____ 12 inches total

**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.

Authorized State Agent: James E. Markant Date: 9-13-07 SEE ATTACHED SITE SKETCH

Construction Authorization Expiration Date: 9-13-12

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Permit # 24237

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: SR1500 BENSON RD

ISSUED TO: Randy C. JONES

SUBDIVISION _____

LOT # _____

Authorized State Agent: James E. Manhart

Date: 9-13-07

