

HTE# REPAIR

Harnett County Department of Public Health

25471

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CLARIVEL MONTANEZ PROPERTY LOCATION: GLOUCESTER CT
 NEW REPAIR EXPANSION SUBDIVISION YORKSHIRE PLANTATION LOT # 165
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: PUMP TO CHAMBER
 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 conditions: _____ Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] Date: 5/14/09 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: CLARIVEL MONTANEZ PROPERTY LOCATION: GLOUCESTER CT
 SUBDIVISION YORKSHIRE PLANTATION LOT # 165
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** EXISTING (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)

Installation Requirements/Conditions

Septic Tank Size _____ gallons	Number of trenches _____	Trench Spacing: _____ Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench _____ feet	Soil Cover: _____ inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: _____ inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4" in all directions)	

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

Conditions: LOCATE WATER LINE. REROUTE WATER LINE 10' FROM SYSTEM.
REPLACE SECTIONS OF DAMAGE DRAINFIELD

**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: 5/14/09
 Construction Authorization Expiration Date: 5/14/14