

HTE# REPAIR

Harratt County Department of Public Health

29501

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _____
SUBDIVISION _____ LOT # _____

ISSUED TO: _____

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 No expiration

Permit conditions: _____

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: CAROLYN HARRIS PROPERTY LOCATION: 105 WOODPOINT DR

SUBDIVISION WOODSHIRE LOT # 152

Facility Type: EXIST. 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% REVISION SYS. (Repair)

Installation Requirements/Conditions

Number of trenches 1

Septic Tank Size _____ gallons Exact length of each trench 200 feet Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6-24 inches

Maximum Trench Depth of: 18-36 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 _____ inches below pipe

Aggregate Depth: _____ inches above pipe _____ inches total

Conditions: SEE ALL CONDITIONS ON SITE PLAN

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: 4/24/22
Construction Authorization Expiration Date: 5/24/22

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Permit # 29501

Harnett County Department of Public Health Site Sketch

ISSUED TO: CAROLYN HARRIS PROPERTY LOCATOR: 105 WOODPOINT DR
SUBDIVISION WOODSHIRE LOT # 152

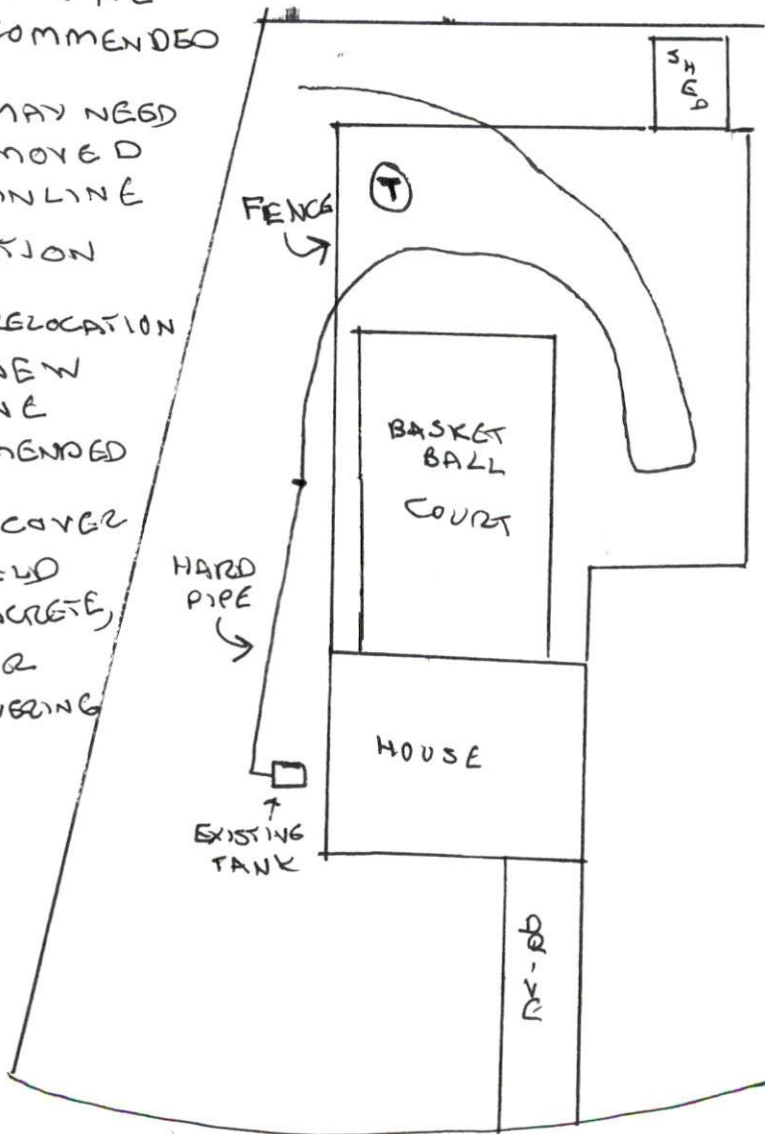
Authorized State Agent: ~~KESS (OLIVER TOLSON)~~ Date: 4/27/17

* REMOVAL OF PINE TREE RECOMMENDED

* FENCE MAY NEED TO BE REMOVED FOR DRAINLINE INSTALLATION

* FENCE RELOCATION OFF OF NEW DRAINLINE RECOMMENDED

* DO NOT COVER DRAINFIELD WITH CONCRETE, ASPHALT, OR OTHER COVERING



WOODPOINT DR