

HTE# 08-5-19504 RD Harnett County Department of Public Health 24611
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: SR1707 NEIGHBORS RD

ISSUED TO: Whitton Builders SUBDIVISION _____ LOT # 2
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD

Proposed Wastewater System Type: 25% REDUCTION

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 No expiration

Permit conditions: Plumbing to be stubbed out above grade
at point indicated on pump well be required.

Authorized State Agent: James E. Manhart for Date: 5-1-08 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: Whitton Builders PROPERTY LOCATION: SR1707 NEIGHBORS RD
 SUBDIVISION _____ LOT # 2

Facility Type: SFD 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 1 (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 3 x 150 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: 18" max inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +1-1/4" in all directions)

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

Conditions: Plumbing to be stubbed out as indicated above grade
OR Pump well be required. Aggregate Depth: 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. Manhart for Date: 5-1-08 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 5-1-13

