

HTE# 08-5-21321

# Harnett County Department of Public Health

25118

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Robert C Mellican PROPERTY LOCATION: SR 1416 REVER RD  
 NEW  REPAIR  EXPANSION  SUBDIVISION: REGAL CREST LOT # 10  
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 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. Marshall Date: 12-18-08 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: Robert C Mellican PROPERTY LOCATION: SR 1416 REVER RD  
 Facility Type: SFD  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* 25% REDUCTION System (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable )  
25% REDUCTION System (Repair)

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>2</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>150</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>24-7/8</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to $\pm 1/4"$	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe
Conditions: _____		<u>2</u> inches above pipe
		<u>12</u> 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Marshall Date: 12-18-08  
 Construction Authorization Expiration Date: 12-18-13

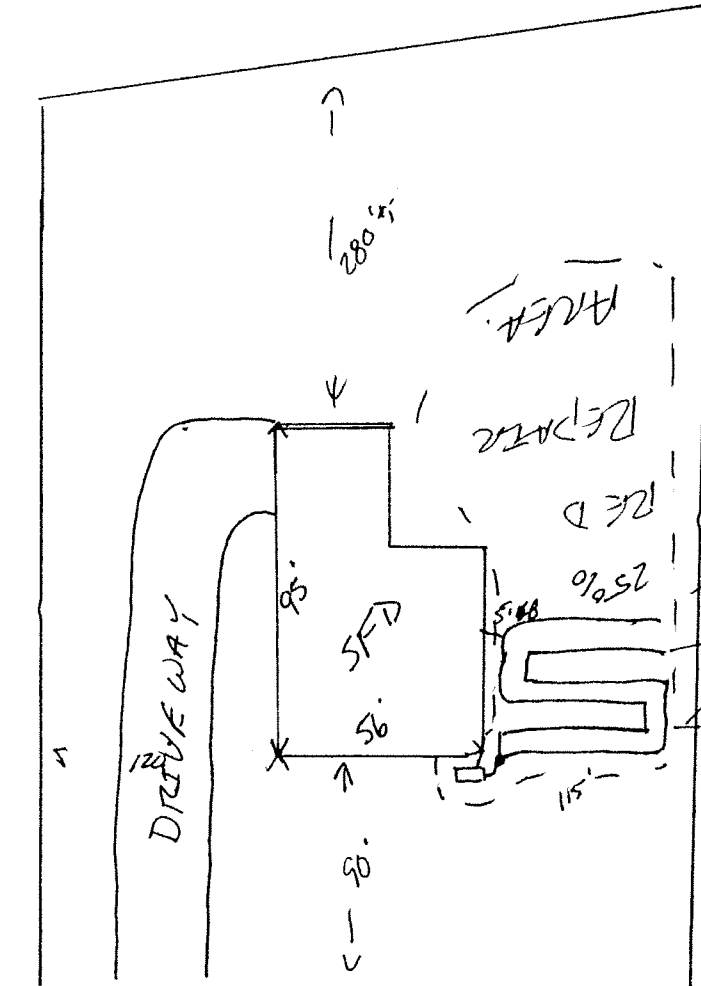
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# Harnett County Department of Public Health Site Sketch

ISSUED TO: Robert C Melton PROPERTY LOCATOR: 511416 REVER RD  
SUBDIVISION REGAL CREST LOT # 10

Authorized State Agent: James E. Marshall #108 Date: 12-18-08



\*STUB  
PLUMBING  
OUT  
AT  
GRADE  
ON RIGHT  
FRONT  
CORNER.

\*24" → 18"  
SYSTEM  
TRENCH  
DEPTH.

\*DO NOT  
RUN WATERLINE  
WITHIN 10' OF SEPTIC  
SYSTEM AREA  
OR REPAIR  
AREA.

REGAL CREST DR