

HTE# 09-5-21888

Harnett County Department of Public Health Improvement Permit

25140

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Charlene Colfield PROPERTY LOCATION: SL 1609 DAY CREEK RD
NEW REPAIR EXPANSION SUBDIVISION: N.V. STEPHENSON LOT # 14

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

Permit conditions: RUN WATERLINE 10' OFF OF SEPTIC SYSTEM (DRIVEWAY)
RUN PILE OUT OF SEPTIC AREA

No expiration

Authorized State Agent: James E. Markant Date: 4-20-09 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: Charlene Colfield PROPERTY LOCATION: SL 1609 DAY CREEK RD
SUBDIVISION: N.V. STEPHENSON LOT # 14

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION (ACCEPTED) SYSTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)

25% REDUCTION (ACCEPTED) (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 2

Exact length of each trench 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: 22 inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to +/- 1/4"

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

6 inches below pipe

Aggregate Depth: 2 inches above pipe

Conditions: RUN WATERLINE 10' OFF OF SEPTIC SYSTEM

12 inches total

RUN POWERLINE OUT OF SEPTIC 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: James E. Markant Date: 4-20-09
Construction Authorization Expiration Date: 4-20-14

