

HTE# 09-5-2288

Hamilton County Department of Public Health

25342

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JA JOHNSON CONST. PROPERTY LOCATION: BUCHANAN RD SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD (58x52')

Proposed Wastewater System Type: CONVENTIONAL

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 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 valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 6/29/09 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: JA JOHNSON CONST. PROPERTY LOCATION: BUCHANAN RD SUBDIVISION _____ LOT # _____

Facility Type: SFD (58x52') New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** CONVENTIONAL (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable CONVENTIONAL (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>90</u> feet	Soil Cover: <u>12</u> inches
	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>24</u> 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		Aggregate Depth: <u>6</u> inches below pipe
		<u>2</u> inches above pipe
		<u>12</u> inches total

Conditions: _____

**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: 6/29/09

Construction Authorization Expiration Date: 6/29/14

HTE# 09-5-22288

Permit # 25342

Harnett County Department of Public Health Site Sketch

ISSUED TO: JAS JOHNSON CONST. PROPERTY LOCATOR: BUCHANAN RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: [Signature] RS (OLIVER TOLKSDORF) Date: 6/29/09

