HTE# 10-5-25373

Harnett County Department of Public Health

Improvement Permit

26298

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OLO 421 ISSUED TO: JAMES RAY SUBDIVISION ROSS MCRAE BRAE -EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 5FD (53 × 68) Proposed Wastewater System Type: Convention AL Projected Daily Flow: ____ 600 Number of bedrooms: 5 Number of Occupants: 10 max Pump Required: TYes May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

Well Distance from well 100 feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:: Date: 10/26/10 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 PROPERTY LOCATION: OLD 42) SUBDIVISION ROSS MCRAE BRAE Facility Type: SFD (53'×C8') New Expansion
Repair No Basement Fixtures? Yes No Basement? Yes Type of Wastewater System** CONVENTIONAL GPD (Initial) Wastewater Flow: (See note below, if applicable []) CONVENTIONAL (Repair) Installation Requirements/Conditions Number of trenches 4 Septic Tank Size 1250 gallons Exact length of each trench _90 feet Trench Spacing: _____ Feet on Center Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6-12 Maximum Trench Depth of: 18-24 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 Conditions: 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: 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 patrixions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 10/26

Harnett County Department of Public Health Site Sketch

