

HTE# 13-5-31947

# Harnett County Department of Public Health Improvement Permit

27657

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CAPO CONSTRUCTION INC PROPERTY LOCATION: Old US421  
 SUBDIVISION SHAYLAHS KNOLL LOT # 36  
 NEW  REPAIR  EXPANSION   
 Type of Structure: SFD (52x57') Site Improvements required prior to Construction Authorization Issuance:  
 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 100 feet Permit valid for:  Five years  
 Permit conditions:  No expiration

Authorized State Agent: [Signature] Date: 8/22/13 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: CAPO CONSTRUCTION INC PROPERTY LOCATION: Old US421  
 SUBDIVISION SHAYLAHS KNOLL LOT # 36  
 Facility Type: SFD (52x57')  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>	
Pump Tank Size _____ gallons	Exact length of each trench <u>75</u> feet	Trench Spacing: <u>9</u> Feet on Center
	Trenches shall be installed on contour at a	Soil Cover: <u>6-18</u> inches
	Maximum Trench Depth of: <u>8-30</u> 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		_____ inches below pipe
		Aggregate Depth: _____ inches above pipe
Conditions: _____		_____ inches total

**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: \_\_\_\_\_ 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: 8/22/13  
 Construction Authorization Expiration Date: 8/22/14

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# Harnett County Department of Public Health Site Sketch

ISSUED TO: Capo Construction Inc PROPERTY LOCATOR: OLO 05421  
SUBDIVISION SHAYLAHS KNOLL LOT # 36

Authorized State Agent: [Signature] RENS (OLIVER TOLKSDORF) Date: 8/22/13

