

HTE# 15-5-35284R

Har...tt County Department of Public Health Improvement Permit

28150

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: McLean Chapel Church Rd.

ISSUED TO: Matt Clark

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD 61x60

Proposed Wastewater System Type: 25% Reduction System

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 _____ feet

Permit valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: Bryan McJannet, RCHS

Date: 2/6/2015 9/1/2015

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: Matt Clark

PROPERTY LOCATION: McLean Chapel Church Rd.

SUBDIVISION _____

LOT # _____

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 1

Pump Tank Size _____ gallons

Exact length of each trench 300 feet

Trench Spacing: 9 Feet on Center

Trenches shall be installed on contour at a

Soil Cover: 6 inches

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

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: Septic contractor to meet on site prior to installing

_____ inches total

system to verify system area

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: Bryan McJannet, RCHS

Date: 2/6/2015 9/1/2015

Construction Authorization Expiration Date: 2/6/2020 9/1/2020

HTE# 15-5-35284R

Permit # 28150

Harnett County Department of Public Health Site Sketch

ISSUED TO: Matt Clark PROPERTY LOCATOR: McLean Chapel Church Rd.
SUBDIVISION _____ LOT # _____

Authorized State Agent: Roger McLean, RPH Date: 2/6/2015 9/1/2015

