

HTE# 15-5-35506

Harrick County Department of Public Health

28245

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Sandra Owens PROPERTY LOCATION: SR1006 OLD STAGE LOT # 6
NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____
Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: 25% REDUCED
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: James E. Mashburn Date: 3-17-15 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: Sandra Owens PROPERTY LOCATION: SR1006 OLD STAGE RD
SUBDIVISION _____ LOT # 6
Facility Type: SFD ☒ New ☐ Expansion ☐ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** 25% REDUCED system (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable ☐ 25% REDUCED (Repair)
Installation Requirements/Conditions
Septic Tank Size 1200 gallons Number of trenches 3
Pump Tank Size _____ gallons Exact length of each trench 100 feet
Trench Spacing: 9 Feet on Center
Trenches shall be installed on contour at a Soil Cover: 6 inches
Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
(Trench bottoms shall be level to $\pm 1/4$ " in all directions)
Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
Conditions: _____ 2 inches above pipe
12 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: James E. Mashburn Date: 3-17-15
Construction Authorization Expiration Date: 3-17-20

HTE# 15-5-35506

Permit # 28245

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: SR1006 D1D STAGE 12A

ISSUED TO: SANDRA OWENS

SUBDIVISION

LOT # 6

Authorized State Agent

James E. Markham

Date:

3-17-15

