

HTE# 15-5-35834 22

Harnett County Department of Public Health

28493

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: VEKKE LISEC PROPERTY LOCATION: SL 1765 OLD STATE RD
 SUBDIVISION: Post Inn Estates LOT # 10
 NEW REPAIR EXPANSION
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION
 Projected Daily Flow: 600 GPD
 Number of bedrooms: 5 Number of Occupants: 10 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: Contractor to meet on-site prior to August 11 No expiration

Authorized State Agent: James E. Mahant Date: 8-26-15 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: VEKKE LISEC PROPERTY LOCATION: SL 1765 OLD STATE RD
 SUBDIVISION: Post Inn Estates LOT # 10
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Pump to 25% REDUCTION system (Initial) Wastewater Flow: 600 GPD
 (See note below, if applicable)
Pump to 25% REDUCTION (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1200 gallons Number of trenches 1
 Pump Tank Size 200 gallons Exact length of each trench 500 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 20-18 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: 6 inches below pipe
2 inches above pipe
 Conditions: Chamber Product must be USAP ON INITIAL system 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. Mahant Date: 8-26-15
 Construction Authorization Expiration Date: 8-26-20

HTE# 15-5-3583412

Permit # 28493

Harnett County Department of Public Health Site Sketch

ISSUED TO: VIKKE Lisee

PROPERTY LOCATOR: 81769 OLD STAGE RD

SUBDIVISION Post Inn Estates LOT # 10

Authorized State Agent:

[Signature]

Date: 8-26-15

* Contractor to meet on site prior to install.

* Chamber Product must be USGID.

* System + Repair cover entire lot - NO ADDITIONS ALLOWED AS property currently sets.

