

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Robert Ahrens PROPERTY LOCATION: 222003 McLamb RD
 SUBDIVISION _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization
 Type of Structure: Ex SFD
 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:
 Permit conditions: _____

Authorized State Agent: James E. Markham JR Date: 11-15-16 SEE ATTACHED
 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 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 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 with the attached system layout.

ISSUED TO: Robert Ahrens PROPERTY LOCATION: 222003 McLamb RD
 SUBDIVISION _____
 Facility Type: Ex SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 36
 (See note below, if applicable)
25% Reductin (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Exact length of each trench 80 feet Trench Spacing: 9 Feet
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 24 inches (Maximum soil cover shall not ex
 (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
 in all directions
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6
 Conditions: _____ 2
12

**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 per

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.
 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 ATTACH

Authorized State Agent: James E. Markham JR Date: 11-15-16
 Construction Authorization Expiration Date: 11-15-21

HTE# 15-5-37373RR

Permit # 29094

Harnett County Department of Public Health Site Sketch

ISSUED TO: Robert Ahrens PROPERTY LOCATOR: SR 2603 McLamb RD SUBDIVISION _____ LOT _____

Authorized State Agent: James E. Markham Date: 11-15-16

