

HTE# 16-5-38030R
16-5-38400

Harnett County Department of Public Health Improvement Permit

28771

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: LANCASTER, Nancy & Mike PROPERTY LOCATION: OAKRIDGE
 NEW REPAIR EXPANSION SUBDIVISION EAKER/PATTERSON (MIRE BRANCH) LOT # B
 Type of Structure: SFD (60x100) (60x60) Site Improvements required prior to Construction Authorization Issuance:
 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 100 feet
 Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: ~~REHS~~ Date: 3/22/16 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.
 REHS REVISED 5/12/16

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: LANCASTER, Nancy & Mike PROPERTY LOCATION: OAKRIDGE
 Facility Type: SFD (60x100) 60x60 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% Red. Sys. (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	Trench Spacing: _____ Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>300</u> feet	Soil Cover: _____ inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: _____ inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4" in all directions)	

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: FINAL DRAIN FIELD LOCATION & LINE DEPTH TO BE DETERMINED AFTER ON SITE MEETING WITH HOME OWNER & BUILOGR _____ inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. MET ON SITE.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. SEE NEW SITE SKETCH

**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: ~~REHS~~ Date: 3/22/16 5/12/16
 Construction Authorization Expiration Date: 3/22/21 5/12/21

HTE# 16-5-38230R
16-5-38600

Permit # 28771

Harnett County Department of Public Health Site Sketch

ISSUED TO: ~~LANCASTER~~ Nancy & Mike PROPERTY LOCATOR: OAKHURST
SUBDIVISION EXCEL/PATERSON (MIDLE BRANCH) LOT # B

Authorized State Agent: ~~PLAYS (OLIVER TORRONS)~~ Date: 5/12/16

DRAWING
N35

