

HTE# 16-5-40433

Harnett County Department of Public Health

29300

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 189 Dewar St. (Cokesbury Rd.)
SUBDIVISION _____ LOT # _____

ISSUED TO: Charles Deziel
NEW REPAIR EXPANSION
Type of Structure: 2BR SFD
Proposed Wastewater System Type: 25% Red. System
Projected Daily Flow: 240 GPD
Number of bedrooms: 2 Number of Occupants: 4 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: _____

Site Improvements required prior to Construction Authorization Issuance: _____
Permit valid for: Five years No expiration

Authorized State Agent: James E. Manhart Date: 1-23-17 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: Charles Deziel PROPERTY LOCATION: 189 Dewar St. (Cokesbury Rd.)
SUBDIVISION _____ LOT # _____

Facility Type: 2BR SFD New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 240 GPD
(See note below, if applicable)

25% Reduction System (Repair)
Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size _____ gallons
Number of trenches 3
Exact length of each trench 60 feet
Trenches shall be installed on contour at a
Maximum Trench Depth of: 18 inches
(Trench bottoms shall be level to +/-1/4" in all directions)
Pump Requirements: _____ ft. TDH vs. _____ GPM
Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches
(Maximum soil cover shall not exceed 36" above the trench bottom)
Aggregate Depth: 6 inches below pipe
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. Manhart Date: 1-23-17
Charles Deziel Construction Authorization Expiration Date: 1-23-22

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Permit # 29300

Harnett County Department of Public Health Site Sketch

ISSUED TO: Charles Deziel PROPERTY LOCATOR: 189 Dewar St. (Cokesbury Rd.)
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Marshall @ NCHS Date: 1-23-17

James E. Marshall, REHS-I

