

HTE# 17-5-40633

Harnett County Department of Public Health

29405

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ALEXANDRA AGUIRRE PROPERTY LOCATION: 789 MURCHISON TOWN RD SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD (32x40')

Proposed Wastewater System Type: Pump To 25% REDUCTION SYSTEM

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 50 feet Permit valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: [Signature] REHS Date: 2/15/17 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: ALEXANDRA AGUIRRE PROPERTY LOCATION: 789 MURCHISON TOWN RD SUBDIVISION _____ LOT # _____

Facility Type: SFD (32x40') New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (PUMP) (Initial) Wastewater Flow: 600 GPD

(See note below, if applicable 25% RED. SYS. (PUMP) (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1250</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>1250</u> gallons	Exact length of each trench <u>500</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>12</u> 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 _____ inches total

Conditions: SEE ALL CONDITIONS ON SITE SKETCH

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: [Signature] REHS Date: 2/15/17

Construction Authorization Expiration Date: 2/15/22

HTE# 17-5-40633

Permit # 29405

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 789 MURRAISON TOWN RD

ISSUED TO: ALEXANDRA AGUIRRE SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ RAS (OLIVER TOLKSDORF) Date: 2/15/17

- * ABANDON EXISTING DRIVE
- * INSTALL TIME DOSE PANEL
- * MINIMUM OF 6" OF COVER OVER DRAIN FIELD
- * SYSTEM FLAGGED
• DO NOT REMOVE FLAGS
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

