

HTE# 18-5-44402

Harnett County Department of Public Health

30090

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Jerry Lindsay Putmont PROPERTY LOCATION: 233 Hilliard rd. (sr1456)
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 2
 Type of Structure: 482 59'x105' STD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% Reduction Sys.
 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 NA feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 07/20/2018 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: Jerry Lindsay Putmont PROPERTY LOCATION: 233 Hilliard rd. (sr1456)
 SUBDIVISION _____ LOT # 2
 Facility Type: 482 59'x105' STD 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)
Pump to 25% Red. Sys. (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1250 gallons Number of trenches 4
 Pump Tank Size _____ gallons Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center
1000gal tank @ garage Trenches shall be installed on contour at a Maximum Trench Depth of: 24 inches Soil Cover: 12 inches
 (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
 _____ NA inches above pipe
 _____ NA 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: [Signature] Date: 07/20/2018
ANDREW CURRIN Construction Authorization Expiration Date: 07/20/2023

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Permit # 30090

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 233 Hilliard Rd. (SR 1456)

ISSUED TO: Terry Lindsay Putnam

SUBDIVISION

LOT # 2

Authorized State Agent:

Andrew Curran

Date:

07/20/2018



