

HTE# 18-544468

Harnett County Department of Public Health

30148

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: THOMAS NASH PROPERTY LOCATION: 170 STARLIGHT Dr.
 SUBDIVISION NEW HORIZONS LOT # 9
 NEW REPAIR EXPANSION
 Type of Structure: SFD (54x28) Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: CONVENTIONAL
 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 7/26/18 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: THOMAS NASH PROPERTY LOCATION: 170 STARLIGHT Dr
 SUBDIVISION NEW HORIZONS LOT # 9
 Facility Type: SFD (54x28) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** CONVENTIONAL (Initial Wastewater Flow: 360 GPD)
 (See note below, if applicable CONVENTIONAL (Repair))

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 1
 Pump Tank Size _____ gallons Exact length of each trench 240 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6-12 inches
 Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ 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: 7/26/18
 Construction Authorization Expiration Date: 7/26/23

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Harnett County Department of Public Health Site Sketch

ISSUED TO: THOMAS NASH PROPERTY LOCATOR: 170 STARLIGHT DR.
SUBDIVISION NEW HORIZONS LOT # 9

Authorized State Agent: ~~REGAS (OLIVER TOLKSOOT)~~ Date: 7/26/18

- * CONTOUR MAY DIFFER FROM DRAWING
- * CALL W/ ANY QUESTION PRIOR TO INSTALLATION

