

HTE# 06-500-15706R

# Harnett County Department of Public Health

23234

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Chapman-Wilson PROPERTY LOCATION: 1115  
 SUBDIVISION: The Summit LOT # 29  
 NEW  REPAIR  EXPANSION   
 Type of Structure: existing 3BR SFD Site Improvements required prior to Construction Authorization Issuance:  
 Proposed Wastewater System Type: existing system This permit establishes a new repair  
 Projected Daily Flow: 360 GPD Area for existing septic system  
 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  
This permit establishes a new repair area for existing septic system

Authorized State Agent: J. W. Ari Date: 10-05-06 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: Chapman-Wilson PROPERTY LOCATION: 1115  
 SUBDIVISION: The Summit LOT # \_\_\_\_\_  
 Facility Type: existing Home  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* existing (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable )  
Repair will be divide change (Repair)

### Installation Requirements/Conditions

Septic Tank Size existing gallons Exact length of each trench \_\_\_\_\_ feet Trench Spacing: \_\_\_\_\_ Feet on Center  
 Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: \_\_\_\_\_ inches  
if needed Maximum Trench Depth of: \_\_\_\_\_ inches (Maximum soil cover shall not exceed 36" above the trench bottom)  
 in all directions  
 Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM Aggregate Depth: \_\_\_\_\_ inches below pipe  
 \_\_\_\_\_ inches above pipe  
 \_\_\_\_\_ inches total  
 Conditions: \_\_\_\_\_

\*\*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.

Authorized State Agent: J. W. Ari Date: 10-05-06 SEE ATTACHED SITE SKETCH  
 Construction Authorization Expiration Date: 9-0-06

