

HTE# 15-5-37225

Harnett County Department of Public Health

29010

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 129 KIPLING RDISSUED TO: CHRISTOPHER & ALLISON VREN SUBDIVISION _____ LOT # 4RNEW ☒ REPAIR ☐ EXPANSION ☐Type of Structure: SFD (EXISTING)

Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% REDUCTION SYSTEMProjected Daily Flow: 480 GPDNumber of bedrooms: 4 Number of Occupants: 8 maxBasement ☐ Yes ☒ NoPump Required: ☐ Yes ☒ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 50 feetPermit valid for: ☒ Five years

Permit conditions: _____

☐ No expiration

Authorized State Agent: _____

Date: 8/31/16

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: CHRISTOPHER & ALLISON VRENPROPERTY LOCATION: 129 KIPLING RDSUBDIVISION _____ LOT # 4RFacility Type: SFD (EXISTING) ☒ New ☐ Expansion ☐ RepairBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ NoType of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD(See note below, if applicable ☐)25% RED. SYS. (Repair)Installation Requirements/ConditionsSeptic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches 1Exact length of each trench 320 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18-32 inches(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 6-20 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

Conditions: _____ 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: _____

REHS

Date: 8/31/16Construction Authorization Expiration Date: 8/31/20

HTE# 15-5-37225

Permit # 29010

Harnett County Department of Public Health Site Sketch

ISSUED TO: CHRISTOPHER & ALLISON WREN PROPERTY LOCATOR: 129 KIPLING RD
SUBDIVISION _____ LOT # 4R

Authorized State Agent: ~~DEAN OLIVER TOLKSON~~ Date: 8/31/16

