

HTE# _____

Harnett County Department of Public Health

29984

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Betty Aldridge PROPERTY LOCATION: 521780 Arrowhead H
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: Ex Home DWNT MOD? Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: _____
 Projected Daily Flow: _____ GPD
 Number of bedrooms: _____ Number of Occupants: _____ 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: James E. Markham Date: 11-7-18 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: Betty Aldridge PROPERTY LOCATION: 521780 Arrowhead TD
 SUBDIVISION _____ LOT # _____
 Facility Type: Ex Home New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable) NEW TANK (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench _____ feet Trench Spacing: 9 Feet on Center
 Pump Tank Size NEW gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: _____ inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Conditions: NEW TANK Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 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: James E. Markham Date: 11-7-18
 Construction Authorization Expiration Date: 11-7-23

HTE# _____

Permit # 29984

Harnett County Department of Public Health Site Sketch

ISSUED TO: Betty Aldridge PROPERTY LOCATOR: 501780 Arrowhead Rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Montfort Date: 11-7-18

