

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____ PROPERTY LOCATION: _____
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: _____
 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: _____ Date: _____ 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: JASON CHAVIS PROPERTY LOCATION: 11 MAMIE FERGUSON DR
 SUBDIVISION MAMIE BELL RIDGE LOT # 1
 Facility Type: EXT SEP New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)
PUMP TO 25% REDUCTIONS (Repair)

Installation Requirements/Conditions
 Septic Tank Size EXISTING gallons Exact length of each trench 220 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 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
 Conditions: CURTAIN DRAIN REQUIRED - SEE SITE SKETCH

**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: REISS Date: 12/17/18
 Construction Authorization Expiration Date: 1/17/19

HTE# EH1812-0011

Permit # 30349

Harnett County Department of Public Health Site Sketch

ISSUED TO: JASON CHAVIS PROPERTY LOCATOR: 11 MAMIE FERGUSON DR
SUBDIVISION MAMIE BELL RIDGE LOT # 1

Authorized State Agent: ~~REYES (OLIVER TOLFSOON)~~ Date: 12/17/17

- * HAND CLEAR AREA FOR DRAIN LINE
- * LARGE TREES MAY REMAIN
- * DO NOT REMOVE ANY SOIL OR CHANGE GRADE
- * CURTAIN DRAIN
 - 3' DEEP
 - AT LEAST 10' BEYOND EDGE OF DRAIN LINES
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

