

HTE# _____

Harnett County Department of Public Health

30449

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Deborah A Barnes PROPERTY LOCATION: Old Hwy US 421
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: Ex SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: _____
 Projected Daily Flow: 240 GPD
 Number of bedrooms: 2 Number of Occupants: 4 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 50' feet
 Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: James E. Manhart Date: 5-15-19 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: Deborah A Barnes PROPERTY LOCATION: Old Hwy US 421
 Facility Type: Ex SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable)

Tank (Repair)
Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size _____ gallons
 Number of trenches _____
 Exact length of each trench _____ feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: _____ inches
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Trench Spacing: _____ Feet on Center
 Soil Cover: _____ 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
 _____ inches total
 Conditions: NEW TANK ONLY TRY TO RECONNECT TO EXISTING LINES

**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. Manhart Date: 5-15-19
 Construction Authorization Expiration Date: 5-15-24

HTE# _____

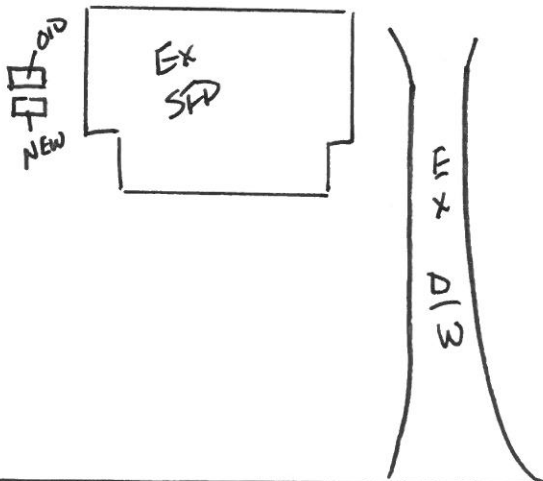
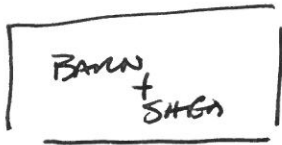
Permit # 30449

Harnett County Department of Public Health Site Sketch

ISSUED TO: Deborah A BARNES PROPERTY LOCATOR: Old Hwy US 421
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Marshall JR ~~RENS~~ Date: 5-15-19

*NEW TANK ONLY AT THIS TIME, BACKUP AT TANK - TRY TO RECONNECT TO EXISTING SYSTEM



OLD US HWY 421