

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Robert Carson PROPERTY LOCATION: 145 Bella Howington Dr, Lillington
 SUBDIVISION Mamie Bell Ridge LOT # 104
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
 Type of Structure: SFD
 Proposed Wastewater System Type: Pump to 25% Reducior
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 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
 No expiration
 Permit conditions: _____

Authorized State Agent: *Bob Ad* Date: 12/10/2019 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: Robert Carson PROPERTY LOCATION: 145 Bella Howington Dr, Lillington
 SUBDIVISION Mamie Bell Ridge LOT # 104
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Pump to 25% Reduction (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable
Pump to 25% Reduction (Repair)
Installation Requirements/Conditions
 Septic Tank Size _____ gallons Number of trenches 1
 Pump Tank Size 1000 gallons Exact length of each trench 270 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed
 (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 _____ inches total
 Conditions: _____

**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: *Bob Ad* Date: 12/10/2019
 Construction Authorization Expiration Date: 1/9/2020

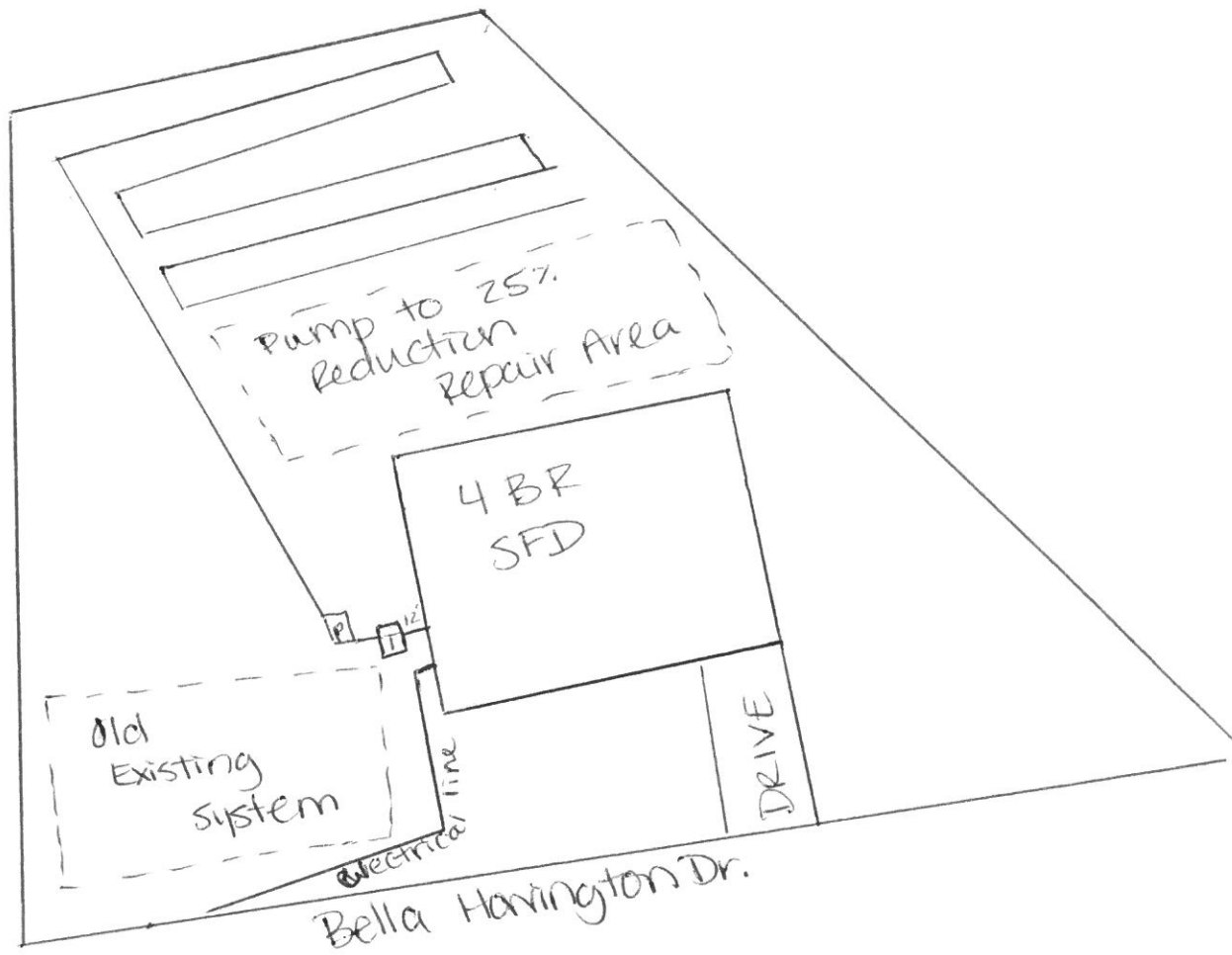
Application # EH1912-0006

Harnett County Department of Public Health Site Sketch

Property Location: 145 Bella Harrington Dr., Lillington (SR 010US 421)

Issued To: Robert Carson Subdivision Mamie Bell Ridge Lot # 104

Authorized State Agent: Beth Ad REHS Date: 12/10/19



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.