

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: William Medinas PROPERTY LOCATION: 23 Trinity Ct, Lillington (Off US 421)
 SUBDIVISION Tirzah LOT # 63

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing SFD

Proposed Wastewater System Type: Existing

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 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: *B.A. Ad* REHS-I Date: 6/10/2020 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: William Medinas PROPERTY LOCATION: 23 Trinity Ct, Lillington (Off US 421)
 SUBDIVISION Tirzah LOT # 63

Facility Type: Existing SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable _____ (Repair))

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Number of trenches _____
 Pump Tank Size _____ gallons Exact length of each trench _____ feet Trench Spacing: _____ Feet on Center
 Trenches shall be installed on contour at a Soil Cover: _____ inches
 Maximum Trench Depth of: _____ 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: Tank only. Old tank should be pumped out and abandoned

**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

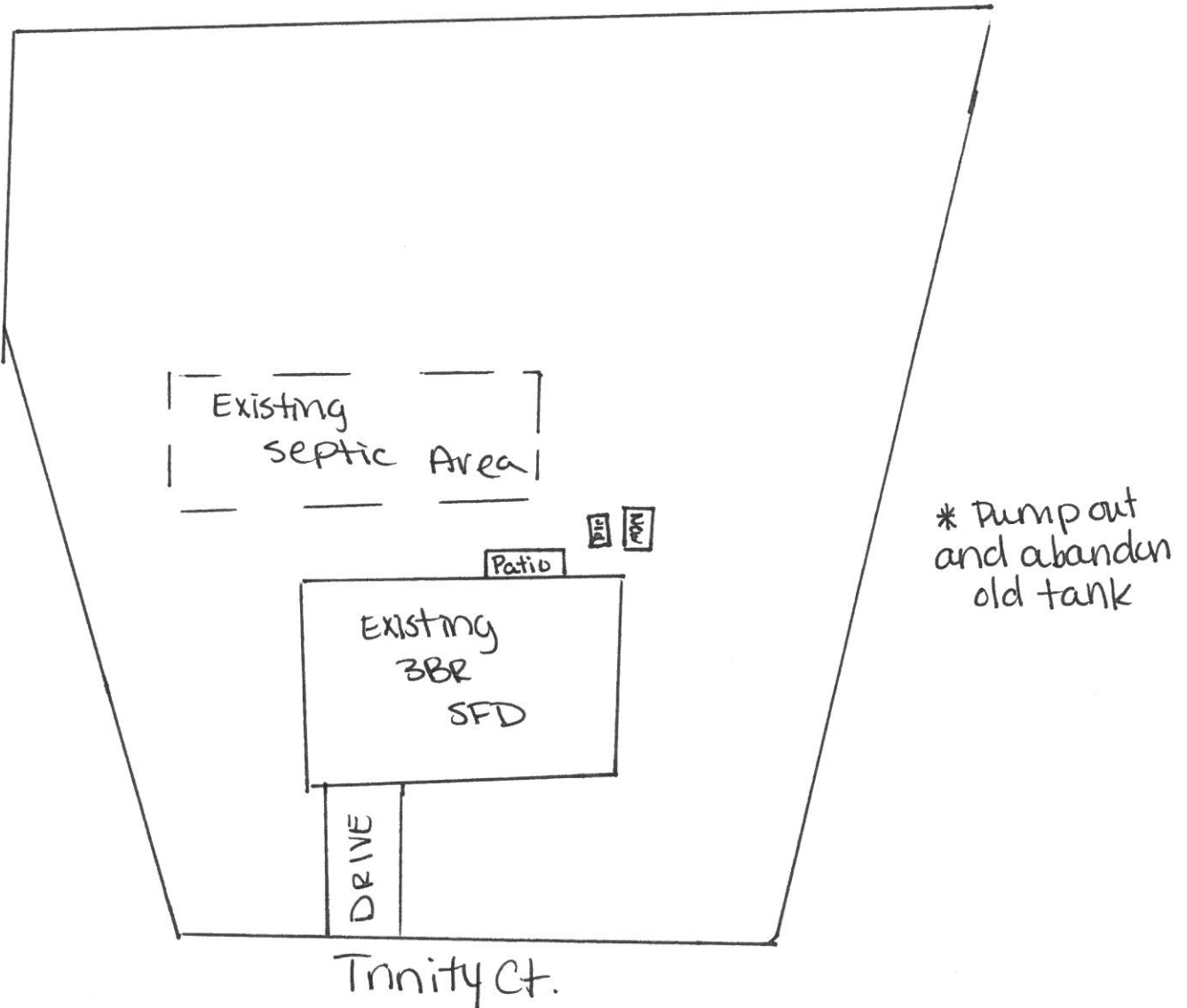
Authorized State Agent: *B.A. Ad* REHS-I Date: 6/10/2020
 Construction Authorization Expiration Date: 7/24/2020

Application # EH2006-0008

Harnett County Department of Public Health
Site Sketch

Property Location: 23 Trinity Ct, Lillington (OFF US 421)
Issued To: William Medmas Subdivision TITZAN Lot # 63

Authorized State Agent: Burt A. Ad REHS-I Date: 6/10/2020



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