Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: See 2003 Mclanb 20 SUBDIVISION EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 2500 Red Projected Daily Flow: ____ 360 Number of bedrooms: Number of Occupants: Basement Yes No May be required based on final location and elevations of facilities Pump Required: Yes No Type of Water Supply: Community Public Well Distance from well 50' feet Five years Permit valid for: No expiration Permit conditions: 7-5-70 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 4-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, .1950, .1954, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance ISSUED TO: JOB Textongton PROPERTY LOCATION: 50 7003 Michaels RD SUBDIVISION Facility Type: New Expansion
Basement? Yes No Basement Fixtures? Yes No (Initial) Wastewater Flow: 360 Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Exact length of each trench 80 Septic Tank Size 1000 Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: Z2-24 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: 2 inches above pipe

12 inches total Pump Requirements: _____ ft. TDH vs. ___ 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: 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: Jones & Manhor Construction Authorization Expiration Date: 7-5-25

Harnett County Department of Public Health Site Sketch

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

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