

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: MALCOLM CRAIG BOWEN
NEW REPAIR EXPANSION
Type of Structure: EXT 3-BEDROOM STD
Proposed Wastewater System Type: PUMP TO 25% RED.
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 500+ feet
Permit conditions: _____

PROPERTY LOCATION: 265 CARROLL BROS LN (S. FLN. ST EXT) 52 1785
SUBDIVISION _____ LOT # _____
Site Improvements required prior to Construction Authorization Issuance: _____

Authorized State Agent: [Signature] Date: 12/08/2020 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: MALCOLM CRAIG BOWEN
Facility Type: EXT 3-BL STD New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** NOT APPLICABLE (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable
PUMP TO 25% REDUCTION (Repair)

PROPERTY LOCATION: 265 CARROLL BROS LN (S. FLN ST EXT) 52 1785
SUBDIVISION _____ LOT # _____

Installation Requirements/Conditions
Septic Tank Size 1000 gallons Exact length of each trench 75 feet Trench Spacing: 9 Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 12-6 inches
Maximum Trench Depth of: 24-18 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: NA inches below pipe
NA inches above pipe
Conditions: PUMP TO MEDIUM P-BOX W/ EQUAL DISTRIBUTION NA inches total

**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: [Signature] Date: 12/08/2020
ANDREW CORWIN, IEPH Construction Authorization Expiration Date: 12/08/2025

Application # EH2011-0008

Harnett County Department of Public Health Site Sketch

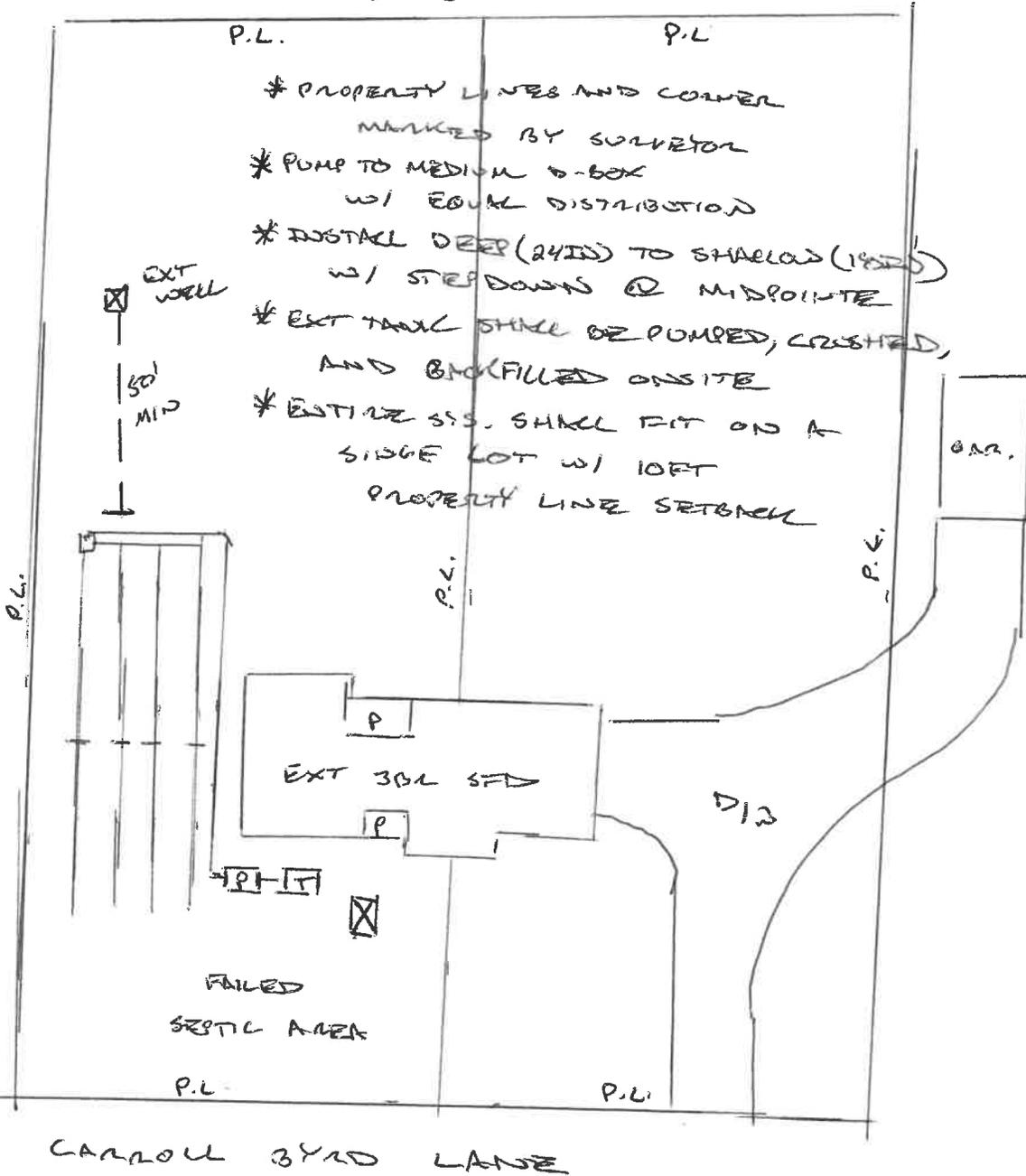
521785

Property Location: 265 CARROLL BYRD LANE (S PLM ST. EXT)

Issued To: WALTON CRAIG BLUMER Subdivision _____ Lot # _____

Authorized State Agent: [Signature] Date: 12/08/2020

ANDREW CONN



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