

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 134 Kellam Dr, Lillington (SR2139)

ISSUED TO: Carolina Argueta SUBDIVISION _____ LOT # _____

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

Type of Structure: _____

Proposed Wastewater System Type: _____

Projected Daily Flow: _____ GPD

Number of bedrooms: _____ Number of Occupants: _____ 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: _____ Date: _____ 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: Carolina Argueta PROPERTY LOCATION: 134 Kellam Dr, Lillington (SR2139)

SUBDIVISION _____ LOT # _____

Facility Type: DWMH New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial Wastewater Flow: 360 GPD)

(See note below, if applicable) 25% reduction (Repair)

Installation Requirements/Conditions

Septic Tank Size _____ gallons	Number of trenches <u>4</u>	Exact length of each trench <u>45</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a	Maximum Trench Depth of: <u>18" - 24"</u> inches	Soil Cover: <u>6</u> inches
	(Trench bottoms shall be level to +/- 1/4" in all directions)	(Maximum soil cover shall not exceed 36" above the trench bottom)	

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe

Aggregate Depth: _____ inches above pipe _____ inches total

Conditions: Remove above ground pool from drain field area

Remove trees from drain field area

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:  Date: 01-21-21

Construction Authorization Expiration Date: 01-21-26

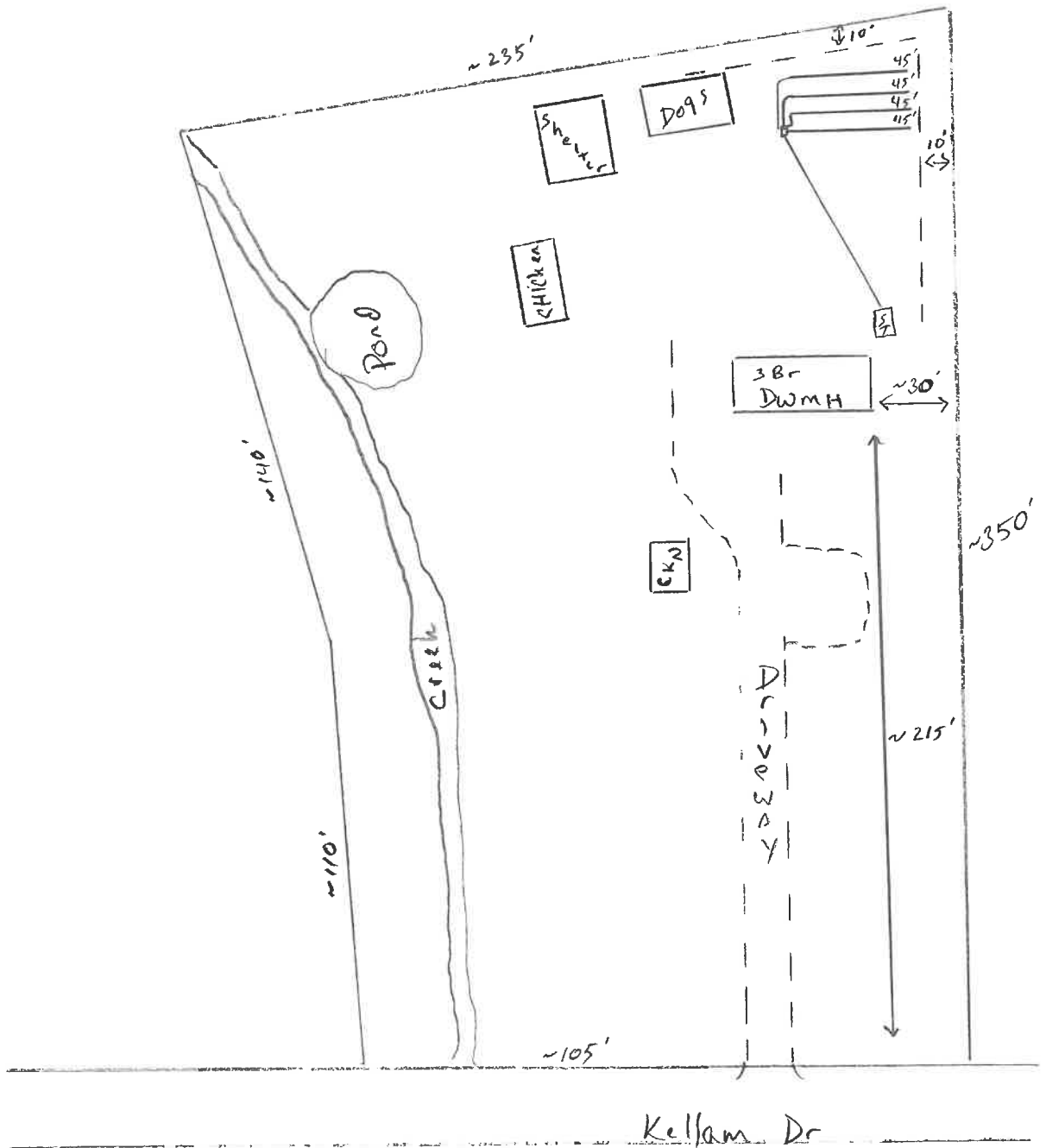
Application # EH2101-0024

Harnett County Department of Public Health Site Sketch

Property Location: 134 Kellam Dr, Lillington (SR2139)

Issued To: Carolina Argueta Subdivision _____ Lot # _____

Authorized State Agent: *Mark [Signature]* R.E.H. Date: 01-21-21



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