

HTE# Repair

Harnett County Department of Public Health

PERMIT # 27342

Operation Permit

22577

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 4375 Hwy 55 West

Name: (owner) Claude Hedgepeth SUBDIVISION _____ LOT # _____

System Installer: Ricky Holland Registration # _____

Basement with plumbing: Garage Number of Bedrooms Existing

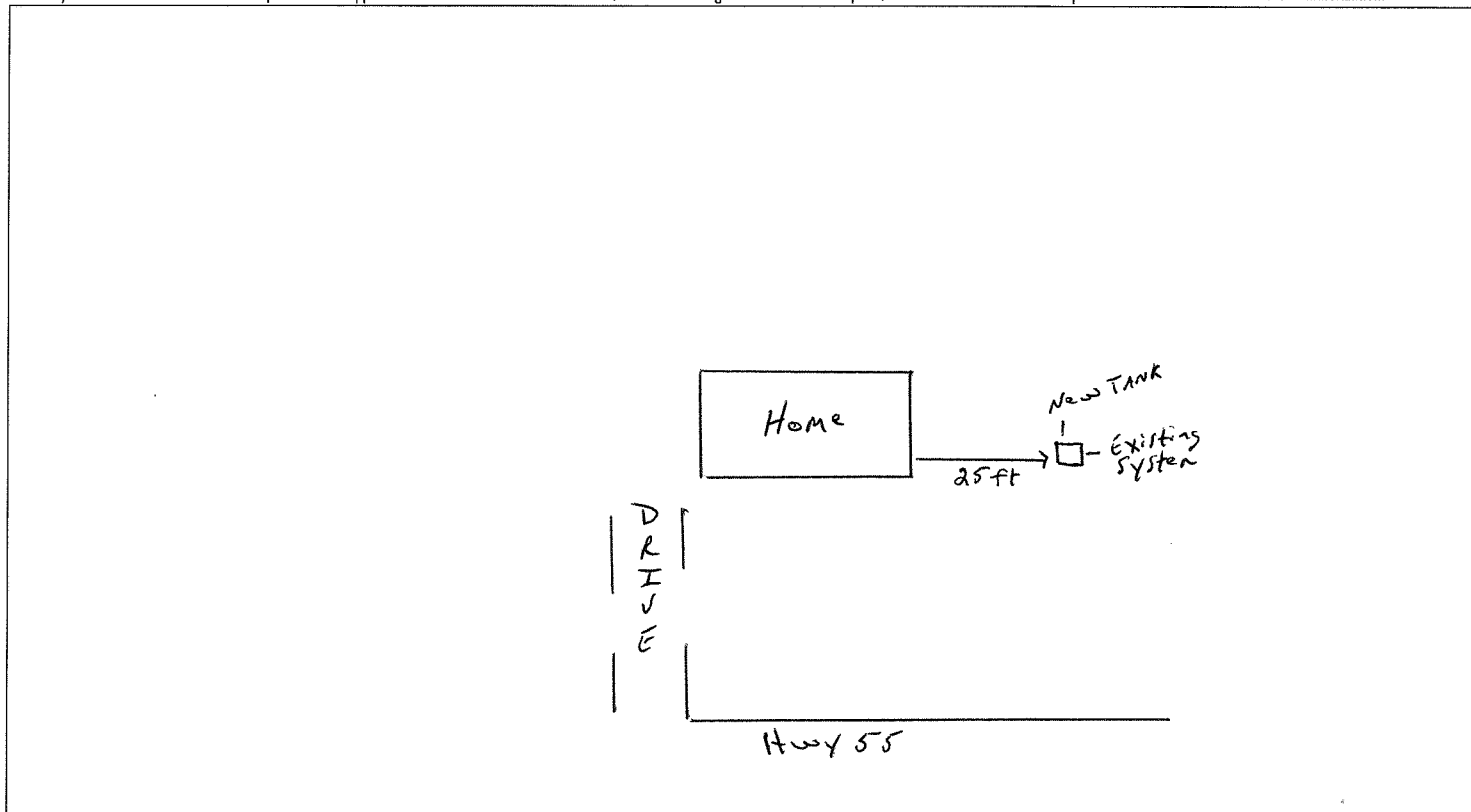
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: II b Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other _____ Septic Tank: _____ gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of

Drainage Field ditches Existing of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent Gregory M. Josain, R.E.H.S. Date 4/22/2013

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Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 4375 Hwy 55 West

ISSUED TO: Claude Hedgepeth

SUBDIVISION _____

LOT # _____

NEW

REPAIR

EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing SFD

Proposed Wastewater System Type: Existing

Projected Daily Flow: _____ GPD

Number of bedrooms: Existing 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

Permit conditions: _____

No expiration

Authorized State Agent: Bryan McSwain REHS

Date: 4/16/2017

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: Claude Hedgepeth

PROPERTY LOCATION: 4375 Hwy 55 West

SUBDIVISION _____

LOT # _____

Facility Type: Existing SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

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

(See note below, if applicable)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches Existing (Repair)

Exact length of each trench _____ feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: _____ inches

(Trench bottoms shall be level to +1/4"

in all directions)

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches

(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

Conditions: Place new septic tank where plumbing from house can be tied in + existing drainfield

_____ 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: Bryan McSwain REHS

Date: 4/16/2017

Construction Authorization Expiration Date: 4/16/2018

HTE# Repair

Permit # 27342

Harnett County Department of Public Health Site Sketch

ISSUED TO: Claude Hedgepeth PROPERTY LOCATON: 4375 Hwy 55 West
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McSwain/PHH Date: 4/16/2013

