

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 11142 NC 55 E

ISSUED TO: Godwin Construction & Development SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION
Type of Structure: 121'x48' 7 bedrooms/7fullba 2-1/2

Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% Reduction Sys.

Sized for 30 Person (Max) Residential

Projected Daily Flow: 1800 GPD

Number of bedrooms: NA Number of Occupants: 30 max

Dormitory for Rehabilitation Unit

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 100 feet

Permit valid for: Five years
 No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 03/18/2022 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: Godwin Construction & Developm PROPERTY LOCATION: 11142 NC 55 E

SUBDIVISION _____ LOT # _____

Facility Type: 121x48 7 bedrooms/7fullt New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 1800 GPD

(See note below, if applicable) 25% Reduction System (Repair)

<u>Installation Requirements/Conditions</u>	Number of trenches <u>8</u>	
Septic Tank Size <u>2500</u> gallons	Exact length of each trench <u>150</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>2500</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches
	Maximum Trench Depth of: <u>18</u> 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
Aggregate Depth: NA inches below pipe
NA inches above pipe
NA inches total

Conditions: Pump to Pressure Manifold Required (Specs. Attached)

**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: 03/18/2022
ANDREW CORBIN Construction Authorization Expiration Date: 03/18/2027

Application # EH2202-0020

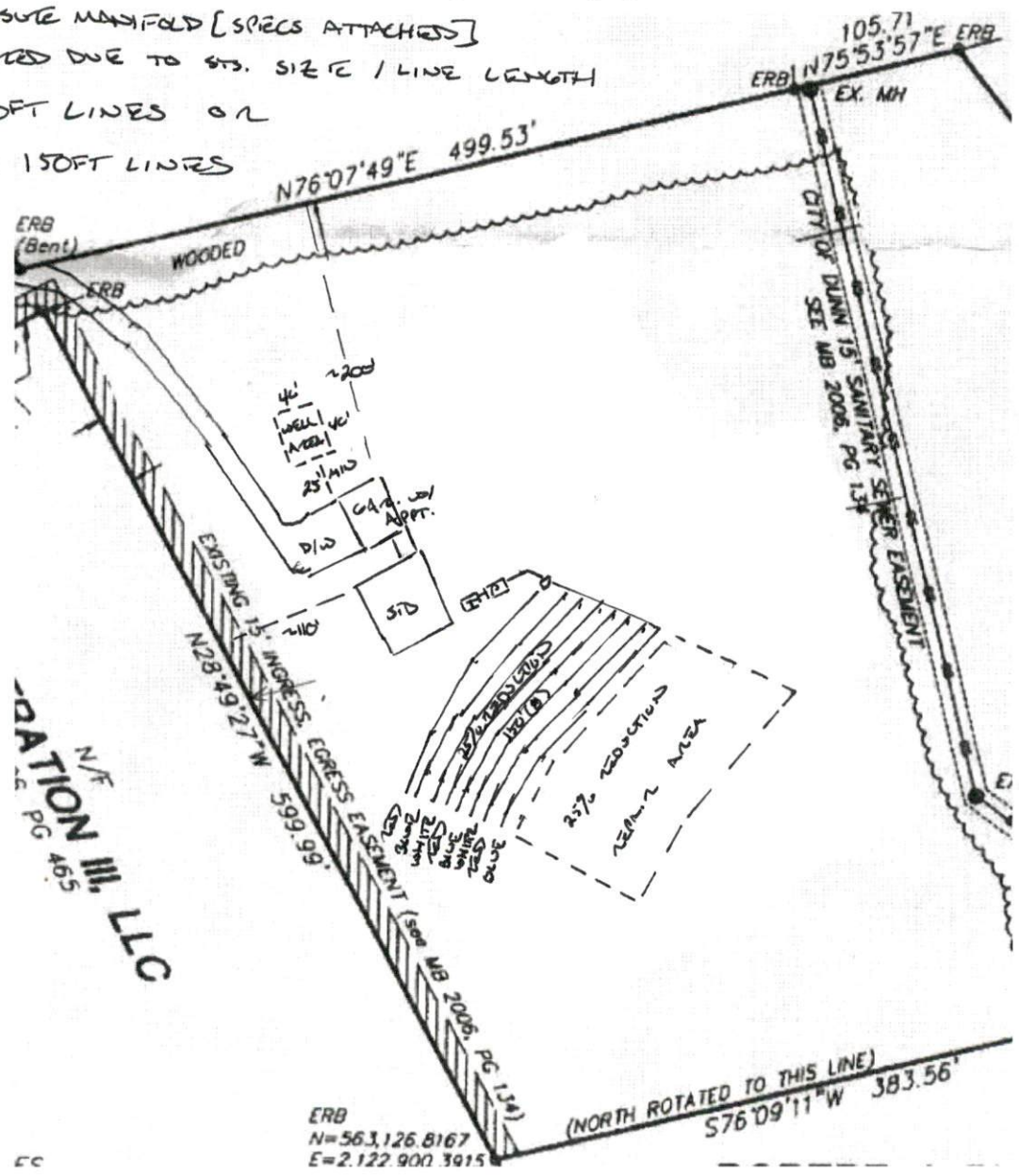
Harnett County Department of Public Health Site Sketch

Property Location: 11142 NC 55 E

Issued To: Godwin Construction & Development LLC Subdivision _____ Lot # _____

Authorized State Agent: *Andree Wilson* Date: 03/11/2022
ANDREE WILSON

- * PUMP TO MEASURE MANIFOLD [SPECS ATTACHED]
- * PUMP REQUIRED DUE TO SIZ. SIZE / LINE LENGTH
- * SIX (6) 200FT LINES OR
EIGHT (8) 150FT LINES



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

Godwin Cost. (EH2202-0020)			PM		INITIAL TAP CHART # of LINES					6	Help
Actual	PT Top	0	Top Line	15							
LTAR	Design Flow	Trench- Drain Line (ft)			Tap Size (Inch)	Tap Flow gpm	Gals per Line	Trench Sft.	Line LTAR gpd/sft	LTAR OK ?	
0.375	1800	Flaged #	Length	width							
0.525	25%Red.	1	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
MaxLTAR = +- 5%		2	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
		3	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
		4	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
		5	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
		6	200	3	3/4 SCH40	12.48	300.00	600	0.500	PASS	
Line Length Provided		1200.0	✓	PumpRate	74.90	Area	3600				
Line Length Required		1200.0		Velocity	7.7	✓		ST - Vol	2500		
Manifold Size (Harnett CountyDefaultSize is 4 ")				3							
Manifold Length in.	54.00	Friction Head	13.61	Draw Down inch	7.8	Dose Vol.	585				
		Pressure Head	2	PTank - gal/inch	75	PT - Vol	2500				
% Dose	Supply Line Ø & Ln	Elevation Head	15.00	Pumping w/vent	77	Run/dose	7.85				
75	2	50	TDH (ft.)	30.61	Pumping Rate	75	Run/day	24.03			

Godwin Cost. (EH2202-0020)			PM		INITIAL TAP CHART # of LINES				8	Help
Actual	PT Top	0	Top Line	15						
LTAR	Design Flow	Trench- Drain Line (ft)			Tap Size (Inch)	Tap Flow gpm	Gals per Line	Trench Sft.	Line LTAR gpd/sft	LTAR OK ?
0.375	1800	Flaged #	Length	width						
0.525	25%Red.	1	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
MaxLTAR = +- 5%		2	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		3	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		4	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		5	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		6	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		7	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
		8	150	3	3/4 SCH40	12.48	225.00	450	0.500	PASS
Line Length Provided			1200.0	✓	PumpRate	99.86	Area	3600		
Line Length Required			1200.0		Velocity	10.2	×	ST - Vol	2500	
Manifold Size (Harnett CountyDefaultSize is 4 ")					4					
Manifold Length in.		66.00	Friction Head		23.18	Draw Down inch		7.8	Dose Vol.	585
			Pressure Head		2	PTank - gal/inch		75	PT - Vol	2500
% Dose	Supply Line Ø & Ln		Elevation Head		15.00	Pumping w/vent		102	Run/dose	5.89
75	2	50	TDH (ft.)		40.18	Pumping Rate		100	Run/day	18.02