Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 80 Starlight Dr (SR 1265) ISSUED TO: Gwenn Glotnis SUBDIVISION New Horizons REPAIR EXPANSION | Site Improvements required prior to Construction Authorization Issuance: NEW | Type of Structure: Existing Home Proposed Wastewater System Type: Projected Daily Flow: Number of bedrooms: Number of Occupants: No Basement Yes ☐ No May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Public Well Distance from well feet Five years Permit valid for: No expiration Curtain drain needed to divert lateral ground water Date: 1-30-23 SEE ATTACHED SITE SKETCH Authorized State Agent:: 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. PROPERTY LOCATION: 80 Starlight Dr (SR 1265) ISSUED TO: Gwenn Glotnis SUBDIVISION New Horizons LOT # 4 Facility Type: Existing Home Expansion Repair Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** (Initial) Wastewater Flow: _____ GPD (See note below, if applicable) (Repair) Number of trenches Installation Requirements/Conditions Septic Tank Size Existing gallons Exact length of each trench ___ Feet on Center Pump Tank Size _____ Trenches shall be installed on contour at a Soil Cover: inches Maximum Trench Depth of: (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. _ inches below pipe inches above pipe Conditions: Curtain drain needed to divert lateral ground water 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent: ____ Construction Authorization Expiration Date: 6-30-23

Harnett County Department of Public Health Site Sketch

Property Location: 80 Starlight Dr (SR 1265)	
Issued To: Gwenn Glotnis Subdivision New Ho	rizons Lot # 4
Authorized State Agent: Mah MEIT	Date: 1-30-23
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