Harnett County Department of Public Health

Repair

Improvement Permit A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 124 Obed Olive Rd (SR 1292) ISSUED TO: Melanie McBryde SUBDIVISION EXPANSION REPAIR X Site Improvements required prior to Construction Authorization Issuance: Type of Structure: existing house Proposed Wastewater System Type: Tank replacement Projected Daily Flow: 360 Number of Occupants: 6 Number of bedrooms: 3_ Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes X No Type of Water Supply: Community Public Well Distance from well ______feet Five years Permit valid for: No expiration Permit conditions: Date: 03-27-23 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. PROPERTY LOCATION: 124 Obed Olive Rd (SR 1292) ISSUED TO: Melanie McBryde Facility Type: existing house X Repair Expansion Basement? Yes X No Basement Fixtures? Yes Type of Wastewater System** (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Tank replacement Number of trenches existing Installation Requirements/Conditions Septic Tank Size 1000 Exact length of each trench _ Trench Spacing: Feet on Center Trenches shall be installed on contour at a Soil Cover: inches Pump Tank Size gallons 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 Aggregate Depth: inches above pipe inches total Conditions: 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: 1 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: 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. Date: 03-27-23 Authorized State Agent: Construction Authorization Expiration Date: 10-27-23

Harnett County Department of Public Health Site Sketch

operty Location: 124 Obed Olive Rd (SR 1			
ued To: Melanie McBryde	Subdivision		Lot #
thorized State Agent:	REH	Date: 03	3-27-23
Deplace C	old Septic Tarle	with a new	
1000 9Allon			
- Keep New Sulface	Tank within 6"	OF grade To grow	ad
- Bring Plumb	ing into New Tan	k (New plumbing line	9
- Reconnect To	Existing Drain	line	
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