

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Melanie McBryde PROPERTY LOCATION: 124 Obed Olive Rd (SR 1292)
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: existing
 Proposed Wastewater System Type: 25% reduction
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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: *Moh D. R. H.* Date: 09-19-23 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.

ISSUED TO: Melanie McBryde PROPERTY LOCATION: 124 Obed Olive Rd (SR 1292)
 SUBDIVISION _____ LOT # _____
 Facility Type: existing New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable)
25% reduction (Repair)
 Installation Requirements/Conditions:
 Septic Tank Size existing gallons Exact length of each trench 225 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: _____ 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: *Moh D. R. H.* Date: 09-19-23
 Construction Authorization Expiration Date: 09-19-28

Application # EH2303-0012

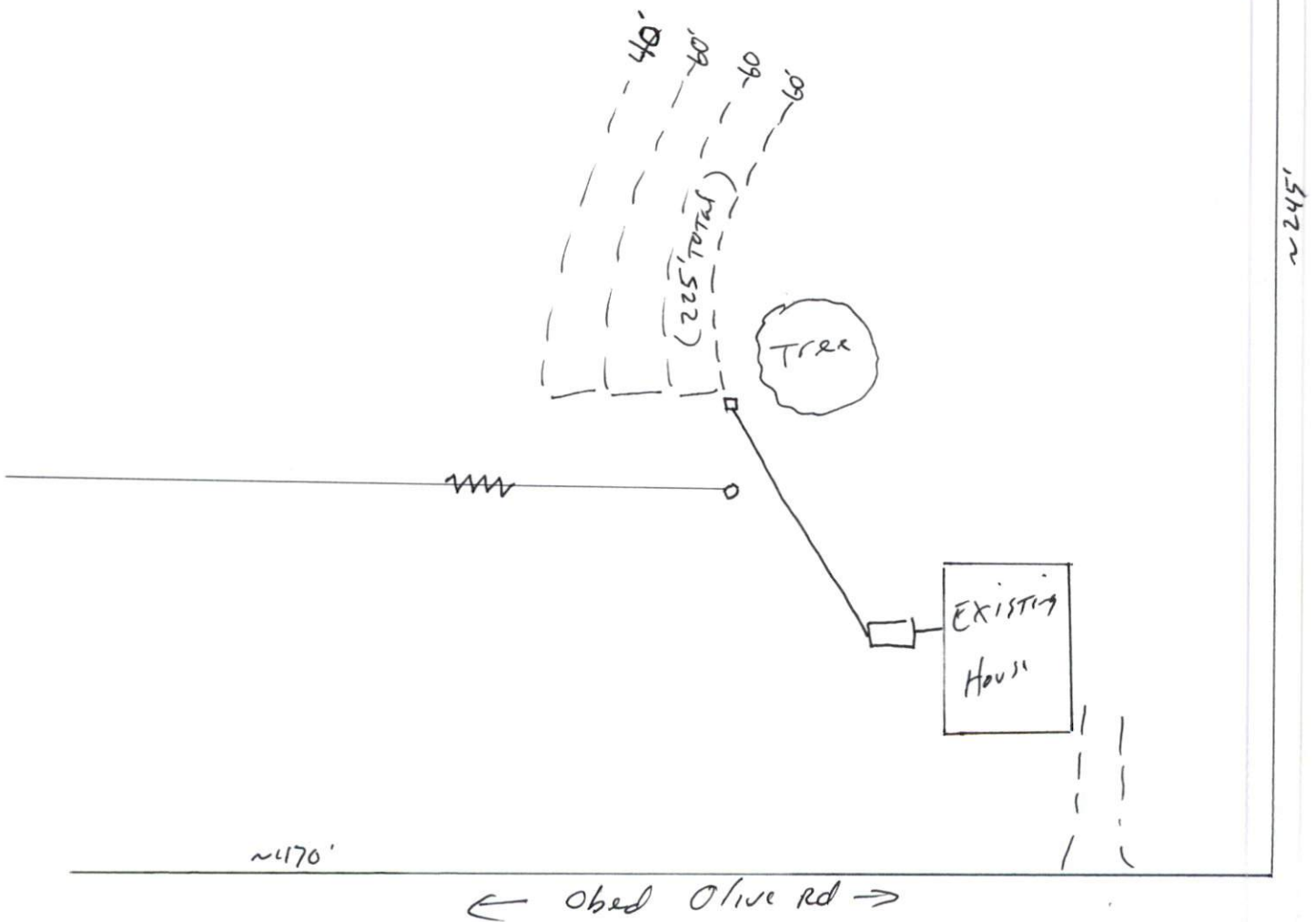
Harnett County Department of Public Health Site Sketch

Property Location: 124 Obed Olive Rd (SR 1292)

Issued To: Melanie McBryde Subdivision _____ Lot # _____

Authorized State Agent: Mah REHS Date: 09-19-23

** Call with questions
before install*



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

