

Harnett County Department of Public Health Improvement Permit

Repair

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 833 Doc's Rd (SR 1116)

ISSUED TO: Rubye Smith

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing House

Proposed Wastewater System Type: Existing

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 R EIB* Date: 04-27-23

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.

ISSUED TO: Rubye Smith

PROPERTY LOCATION: 833 Doc's Rd (SR 1116)

SUBDIVISION _____

LOT # _____

Facility Type: Existing House New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

Tank replacement (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches existing

Exact length of each trench existing feet

Trench Spacing: existing Feet on Center

Pump Tank Size _____ gallons

Trenches shall be installed on contour at a

Soil Cover: existing inches

Maximum Trench Depth of: existing 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

_____ 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 R EIB* Date: 04-27-23

Construction Authorization Expiration Date: 10-27-23

Application # EH2304-0007

Repair

Harnett County Department of Public Health Site Sketch

Property Location: 833 Doc's Rd (SR 1116)

Issued To: Ruby Smith

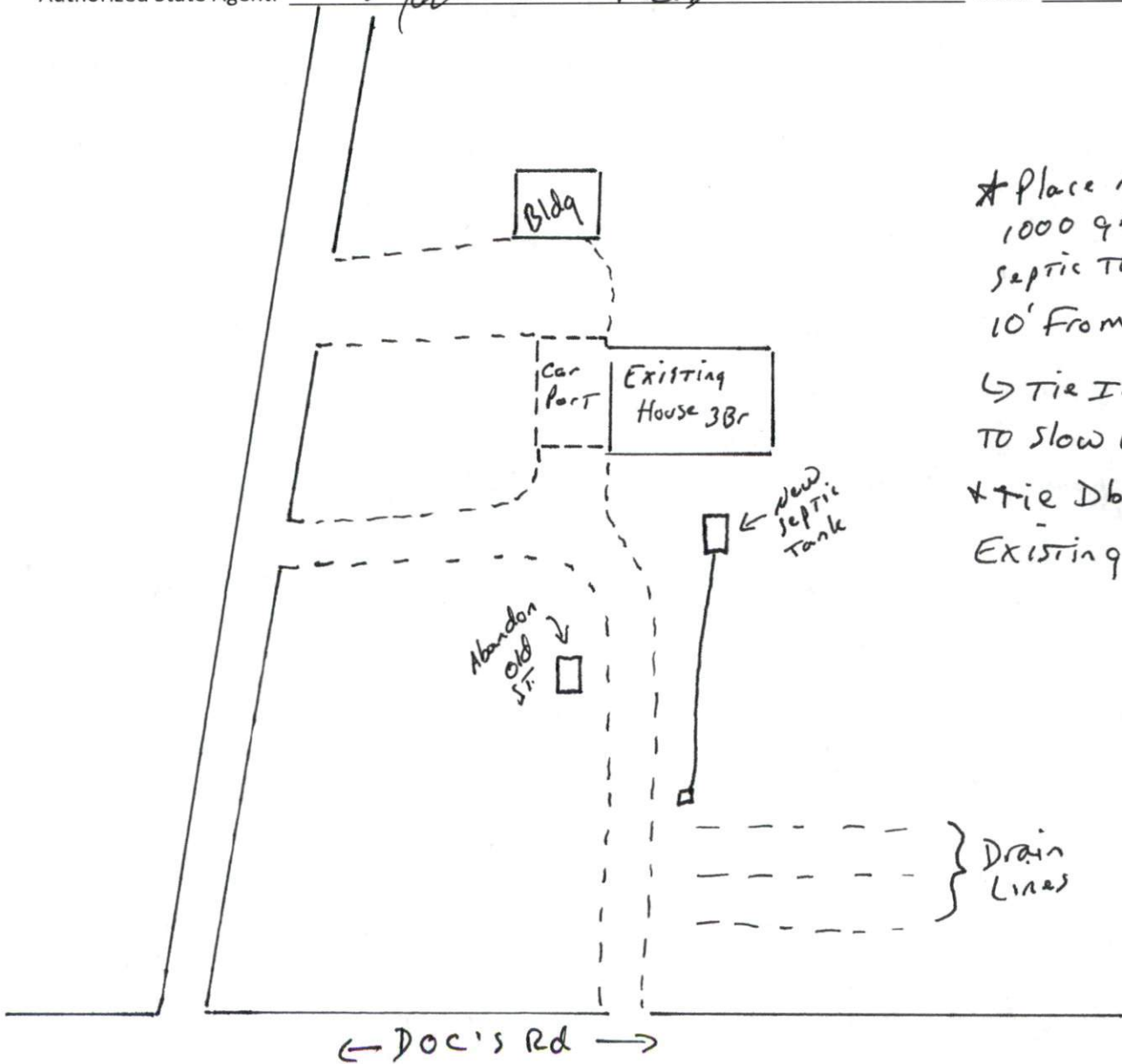
Subdivision _____

Lot # _____

Authorized State Agent: _____

Mph A REHF

Date: 04-27-23



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