Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 400 Clark Rd (SR 1129) ISSUED TO: Donna Myatt SUBDIVISION REPAIR X EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: existing home Proposed Wastewater System Type: pump to 25% reduction Projected Daily Flow: 480 Number of Occupants: 8 Number of bedrooms: 4 Basement Yes May be required based on final location and elevations of facilities Pump Required: XYes No Type of Water Supply: Community Public Well Distance from well ______feet X Five years Permit valid for: No expiration Permit conditions: Date: 08-04-23 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: 400 Clark Rd (SR 1129) ISSUED TO: Donna Myatt LOT # Facility Type: existing home Expansion Basement? Yes X No Basement Fixtures? Yes pump to 25% reduction Type of Wastewater System** (Initial) Wastewater Flow: 480 GPD (See note below, if applicable) pump to 25% reduction Number of trenches 1 Installation Requirements/Conditions Trench Spacing: 9 Septic Tank Size existing gallons Exact length of each trench 300 Feet on Center Pump Tank Size 1000 Trenches shall be installed on contour at a Soil Cover: 6_____inches Maximum Trench Depth of: 18 (Maximum soil cover shall not exceed inches (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 Aggregate Depth: 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: 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: 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: 08-04-23 Authorized State Agent: _

Construction Authorization Expiration Date: 08-04-28

Harnett County Department of Public Health Site Sketch

