

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 11645 US 401W, Fuquay-Varina

SUBDIVISION _____ LOT # _____

ISSUED TO: Brittany May

NEW REPAIR EXPANSION

Type of Structure: Ex. Detached Farm Building 30'x61'

Proposed Wastewater System Type: Conventional

Projected Daily Flow: 100 GPD

Number of bedrooms: 0 Number of Occupants: 4 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: _____

Site Improvements required prior to Construction Authorization Issuance: _____

Authorized State Agent: _____

Date: 1-4-24

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: Brittany May

PROPERTY LOCATION: 11645 401W, Fuquay-Varina

SUBDIVISION _____ LOT # _____

Facility Type: Ex. Detached Farm Building 30'x61' New

Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Conventional (Initial) Wastewater Flow: 100 GPD

(See note below, if applicable)

Conventional III B (Repair)

Installation Requirements/Conditions

Septic Tank Size 1,000 gallons

Pump Tank Size _____ gallons

Number of trenches 2

Exact length of each trench 60 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 20-24 max inches

(Trench bottoms shall be level to +1-1/4"

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

_____ inches total

Conditions: Contractor to meet on SEIB prior to installation of septic system

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: _____

Date: 1-4-24

Construction Authorization Expiration Date: 1-4-28

Application # EH 2309-0012

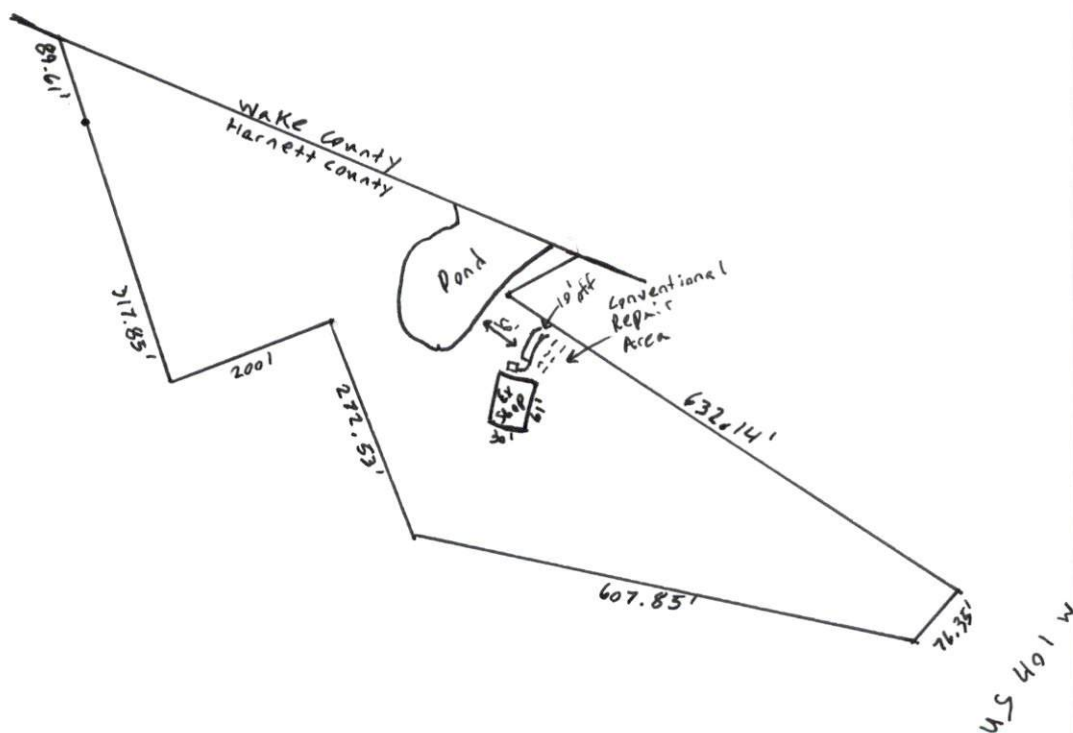
Harnett County Department of Public Health Site Sketch

Property Location: 11643 US 401 W, Fingray-Varina

Issued To: Brittany May Subdivision _____ Lot # _____

Authorized State Agent: James C. Masham JR REAS Date: 1-4-24

* Contractor to meet onsite prior to INSTALL



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