

HTE# Repair

Harneil County Department of Public Health

23950

PERMIT # 28723

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 1835 Pearidge Rd.

Name: (owner) Brenda A. Baldrige SUBDIVISION _____ LOT # _____

System Installer: Yellow Dog Registration # _____

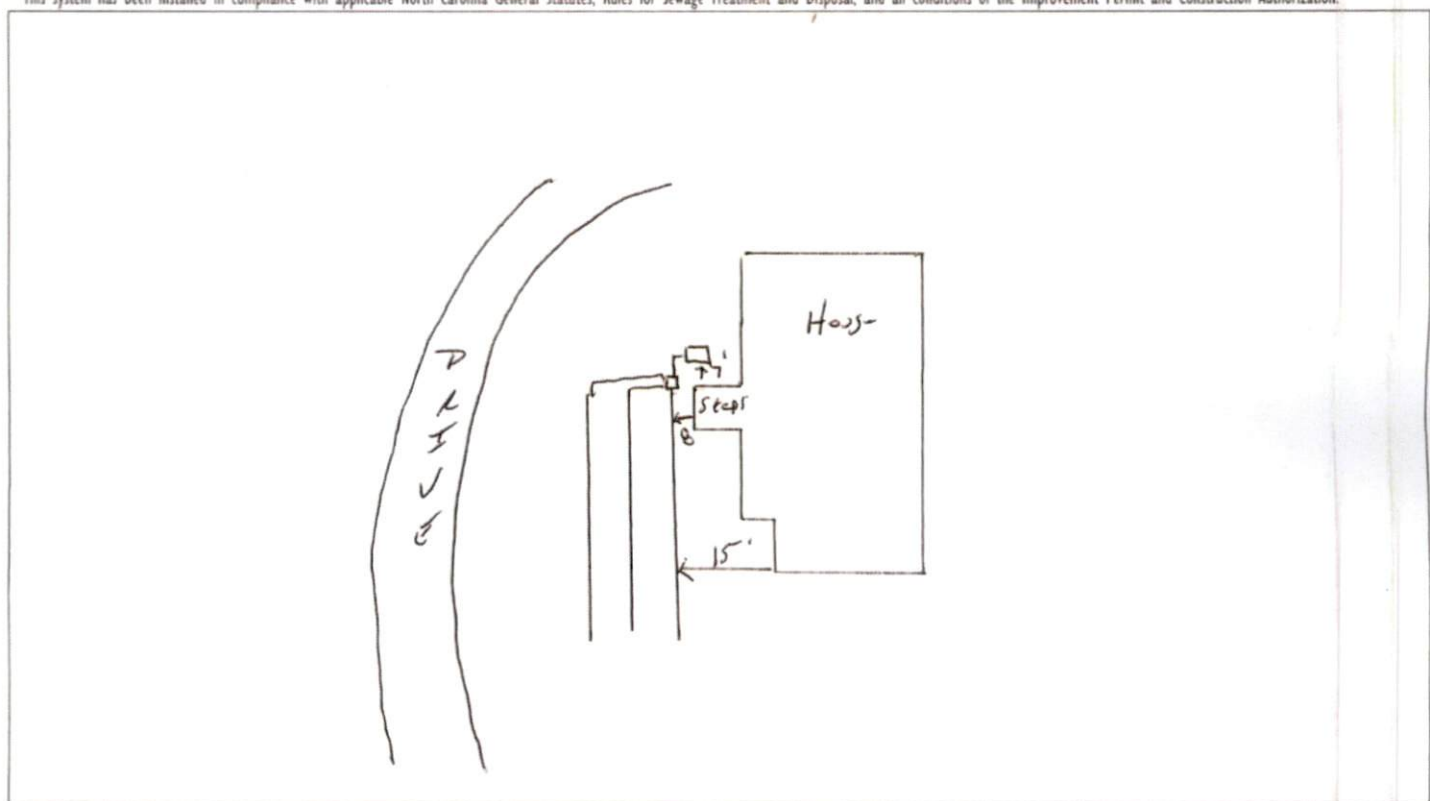
Basement with plumbing: Garage Number of Bedrooms 2

Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: III g Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other E2Flow Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 60 feet width of ditches 3 feet depth of ditches 33-14 inches

French Drain Required: _____ Linear feet

Authorized State Agent <u>Bryce McLean, R.E.H.S.</u>	Date <u>3/10/2016</u>
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Harnett County Department of Public Health Improvement Permit

28723

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Brenda A. Buldrige PROPERTY LOCATION: 1835 Pearidge Rd.
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # _____
 Type of Structure: Existing SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: Existing
 Projected Daily Flow: 240 GPD
 Number of bedrooms: 2 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 50 feet Permit valid for: 1yr. Five years
 Permit conditions: _____ No expiration

Authorized State Agent: Bryan McLean, RCH Date: 3/7/2016 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: Brenda A. Buldrige PROPERTY LOCATION: 1835 Pearidge Rd.
 SUBDIVISION _____ LOT # _____
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 240 GPD
 (See note below, if applicable)

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 3 (Repair)
 Pump Tank Size _____ gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 33-18 inches (Maximum soil cover shall not exceed
 (Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: Set new tank so it can be tied into the house plumbing + existing drain field _____ 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: Bryan McLean, RCH Date: 3/7/2016 3/9/2016
 Construction Authorization Expiration Date: 3/7/2017 3/9/2017

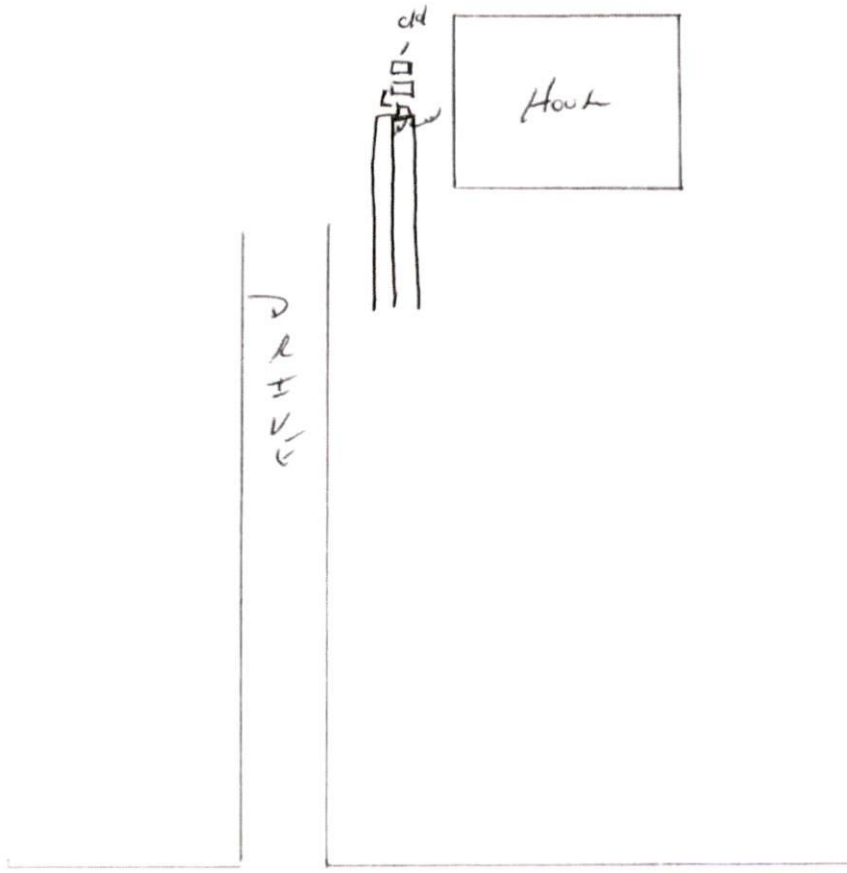
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Harnett County Department of Public Health Site Sketch

ISSUED TO: Brenda A. Baldrige PROPERTY LOCATON: 1835 Pearidge Rd.
SUBDIVISION _____ LOT # _____

Authorized State Agent: Gregory McLean, REHS Date: 3/7/2016



Per - den - Pub.

