

HTE# REPAIR
PERMIT # 2025

Ha tt County Department of Publi leath

23632

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 50 GILL LN

Name: (owner) MAIG GILL SUBDIVISION _____ LOT # _____

System Installer: Tommy Coley Registration # _____

Basement with plumbing: Garage Number of Bedrooms 2

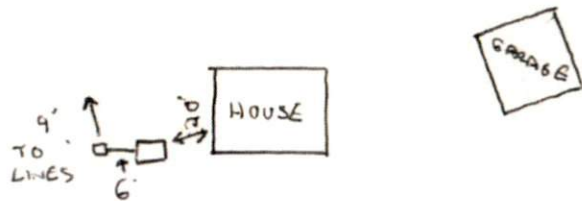
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: _____ 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: TANK REPLACEMENT ONLY w/ NEW D-BOX

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 _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

Date 4/29/15

HTE# Repair

Harnett County Department of Public Health

28285

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Mair Gill PROPERTY LOCATION: 50 Gill Ln

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 _____ feet

Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: [Signature] Date: 4/29/2015 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: Mair Gill PROPERTY LOCATION: 50 Gill Ln

Facility Type: SFD New Expansion Repair SUBDIVISION _____ LOT # _____

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 240 GPD

(See note below, if applicable)

(Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Number of trenches Existing

Pump Tank Size _____ gallons Exact length of each trench _____ feet Trench Spacing: _____ Feet on Center

Trenches shall be installed on contour at a Maximum Trench Depth of: _____ inches Soil Cover: _____ inches

(Trench bottoms shall be level to +/- 1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe

Aggregate Depth: _____ inches above pipe _____ inches total

Conditions: Set new tank so it can be tied into existing plumbing & drain field

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: [Signature] Date: 4/29/2015

Construction Authorization Expiration Date: 4/29/2020

HTE# Repair

Permit # 28285

Harnett County Department of Public Health Site Sketch

ISSUED TO: Mair Gill PROPERTY LOCATON: 50 Gill Ln.
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McJannet, LEAS Date: 4/28/2015

