

HTE# _____

Harnett County Department of Public Health

29631

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: James + Carolyn Fowler PROPERTY LOCATION: 51769 OLD STAGS RD
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: EX SFD
 Proposed Wastewater System Type: 25% Reduct
 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 50' feet
 Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: James E. Mandan Date: 12-19-17 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: James + Carolyn Fowler PROPERTY LOCATION: 51769 OLD STAGS RD
 SUBDIVISION _____ LOT # _____
 Facility Type: EX SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
25% Reduct (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size 1000 gallons
 Number of trenches 3
 Exact length of each trench 80 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 18 MAX inches
 (Trench bottoms shall be level to +/- 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: 6 inches below pipe
2 inches above pipe
12 inches total
 Conditions: Contractor to meet on site punch TO INSTALL.

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: James E. Mandan Date: 12-19-17
 Construction Authorization Expiration Date: 12-19-22

HTE# _____

Permit # 29631

Harnett County Department of Public Health Site Sketch

ISSUED TO: James + Carolyn Fowler PROPERTY LOCATION: 21769 OLD STAGE RD SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Manhart PHD TBHS Date: 12-19-17

Contractor
to meet
ON SITE
Prior to
INSTALL.

