

HTE# REPAIR

# Harnett County Department of Public Health Improvement Permit

26998

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: SPRING HILL CHURCH RD

ISSUED TO: SPRING HILL UNITED METHODIST CH SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION  (PARSONAGE) Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: SFO

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 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 100 feet

Permit conditions: \_\_\_\_\_ Permit valid for:  Five years  No expiration

Authorized State Agent: [Signature] Date: 5/10/12 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: SPRING HILL UNITED METHODIST CH PROPERTY LOCATION: SPRING HILL CH. RD.

Subdivision \_\_\_\_\_ LOT # \_\_\_\_\_

Facility Type: SFO  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable )

25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions Number of trenches 5

Septic Tank Size EXISTING gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center

Pump Tank Size \_\_\_\_\_ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches

Maximum Trench Depth of: 12 inches (Maximum soil cover shall not exceed

(Trench bottoms shall be level to +/- 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: \_\_\_\_\_ 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: [Signature] Date: 5/10/12

Construction Authorization Expiration Date: 5/10/17

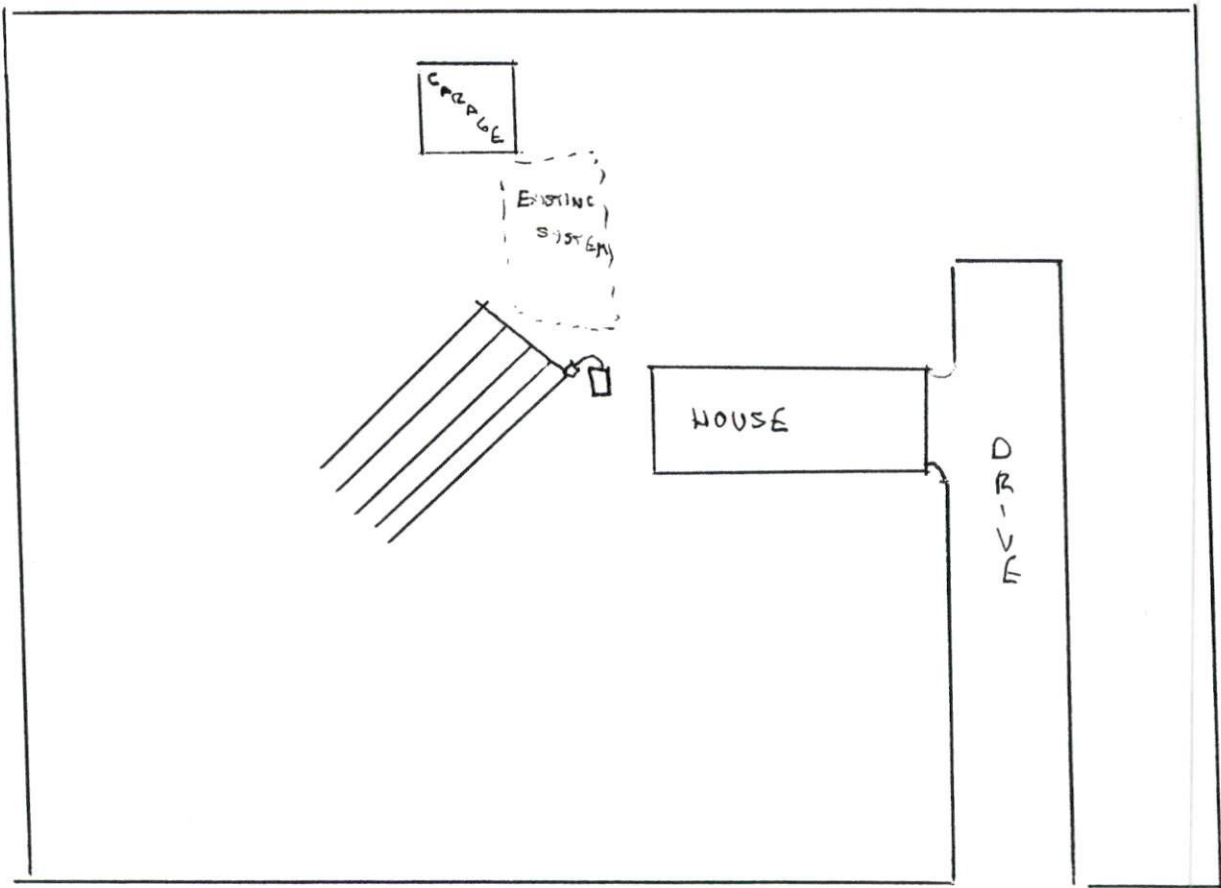
HTE# REPAIR

Permit # 26998

# Harnett County Department of Public Health Site Sketch

ISSUED TO: Spring Hill United Methodist Church PROPERTY LOCATOR: Spring Hill Church Rd  
Subdivision LOT # \_\_\_\_\_

Authorized State Agent: [Signature] RENS (OLIVER TOLKSPOR) Date: 5/10/12



SPRING HILL CHURCH RD