

HTE# Repair

Harnett County Department of Public Health

28300

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 5180 Benson Rd.

ISSUED TO: Sandra L. Stephenson

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing SFD

Proposed Wastewater System Type: 25% Reduction System

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: 30 days Five years No expiration

Permit conditions: _____

Authorized State Agent: Bryna McJannet, RCHS

Date: 6/5/2015

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: Sandra L. Stephenson

PROPERTY LOCATION: 5180 Benson 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)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size Existing gallons

Pump Tank Size _____ gallons

Number of trenches 3

Exact length of each trench 90 feet

Trenches shall be installed on contour at a Maximum Trench Depth of: 18-24 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: _____ inches below pipe _____ inches above pipe _____ inches total

Conditions: _____

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: Bryna McJannet, RCHS

Date: 6/5/2015

Construction Authorization Expiration Date: 7/5/2015

HTE# Repair

Permit # 28300

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jandra L. Stephenson PROPERTY LOCATON: 5180 Benson Rd.
SUBDIVISION _____ LOT # _____

Authorized State Agent: Guyon McLean REHS Date: 6/5/2015

