

HTE# REPAIR

Harnett County Department of Public Health Improvement Permit

27521

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 5993 FAIRGROUND RD

ISSUED TO: BOBBY BLACKMAN SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD

Proposed Wastewater System Type: EXISTING SYSTEM

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 _____ feet

Permit valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: [Signature] RENS Date: 7/2/13 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: BOBBY BLACKMAN PROPERTY LOCATION: 5993 FAIRGROUND RD

SUBDIVISION _____ LOT # _____

Facility Type: EXISTING SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** EXISTING SYSTEM (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable (Repair))

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Number of trenches _____

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

Trenches shall be installed on contour at a Soil Cover: _____ inches

Maximum Trench Depth of: _____ inches (Maximum soil cover shall not exceed 36" above the trench bottom)

(Trench bottoms shall be level to +/-1/4" in all directions)

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

Aggregate Depth: _____ inches above pipe

Conditions: PERMIT TO REPLACE CRUSHED SEPTIC TANK. TANK WILL PUMPED AND FURTHER EXCAVATED TO SET NEW TANK IN SAME LOCATION _____ 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] RENS Date: 7/2/13
Construction Authorization Expiration Date: 7/2/18