

HTE# REPAIR

Harnett County Department of Public Health 23899

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: SMITH, DAWN & ALBERT PROPERTY LOCATION: ORAIN CT
SUBDIVISION OVERHILLS CREEK LOT # 11

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

Type of Structure: SFD

Proposed Wastewater System Type: _____

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 100 feet Permit valid for: Five years

Permit conditions: COVER TO BE PLACED OVER FAILING AREA AND SEEDED TO PREVENT No expiration

EROSION. THIS IS AN ATTEMPT TO REPAIR THE FAILING DRAINFIELD. FURTHER ACTION WILL BE REQUIRED IF PROBLEM PERSISTS. SEE C.A. FOR CURRENT REQUIRED ACTION.

Authorized State Agent: [Signature] RS Date: 5/25/07 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: SMITH, DAWN & ALBERT PROPERTY LOCATION: ORAIN CT
SUBDIVISION OVERHILLS CREEK LOT # 11

Facility Type: 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) _____ (Repair)

Installation Requirements/Conditions

Septic Tank Size _____ gallons Exact length of each trench _____ feet Trench Spacing: _____ Feet on Center
Pump Tank Size _____ gallons 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: D-Box To BE REPLACED. CALL HCHD TO SET SPEED DIALS _____ inches total

**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] RS Date: 5/25/07

Construction Authorization Expiration Date: _____