

HTE# Repair

## Harrison County Department of Public Health

## Improvement Permit

27147

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 845 Atkins Rd.ISSUED TO: Lisa Earp

SUBDIVISION \_\_\_\_\_

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

NEW ☐ REPAIR ☒ EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: Existing SFDProposed Wastewater System Type: 25% Reduction SystemProjected Daily Flow: 360 GPDNumber of bedrooms: 3 Number of Occupants: 6 maxBasement ☐ Yes ☒ NoPump Required: ☐ Yes ☒ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well \_\_\_\_\_ feetPermit valid for: ☒ Five yearsPermit conditions: \_\_\_\_\_ ☐ No expirationAuthorized State Agent: Bryan McSwain, R.E.H.S.Date: 1/16/2013

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: Lisa EarpPROPERTY LOCATION: 845 Atkins Rd.

SUBDIVISION \_\_\_\_\_

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

Facility Type: Existing SFD ☐ New ☐ Expansion ☒ RepairBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: \_\_\_\_\_ 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 1Exact length of each trench 240 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 20 inches(Trench bottoms shall be level to  $\pm 1/4"$ 

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 6-8 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: The lid on the existing septic tank will need to be fixed or replaced. The right hand property line will need to be located before an O.P. can be issued

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: Bryan McSwain, R.E.H.S.Date: 1/16/2013Construction Authorization Expiration Date: 1/16/2018

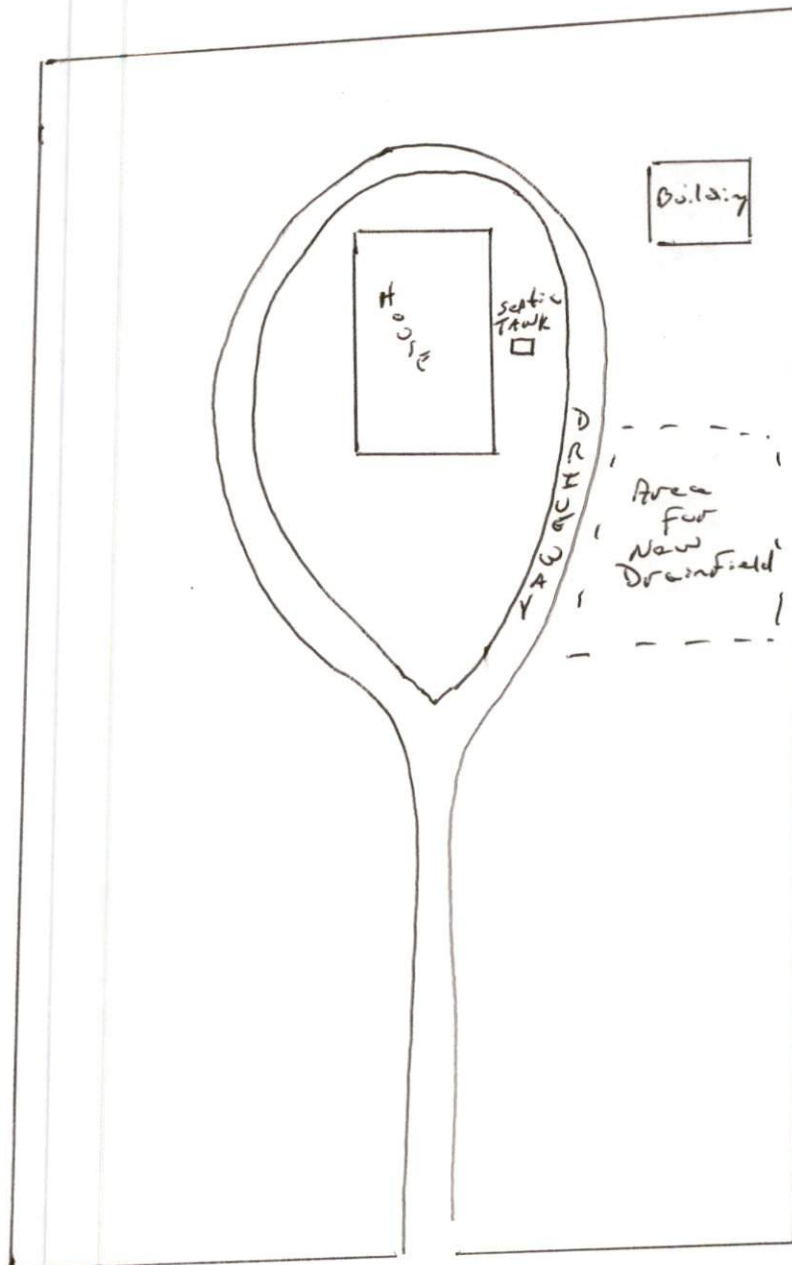
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## Harnett County Department of Public Health Site Sketch

ISSUED TO: Lisa Corp PROPERTY LOCATION: 845 Atkins Rd. SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: Brian McSwain RCHS Date: 1/16/2013



- This property line will need to be located at time of inspection

Atkins Rd.