

HTE# REPAIR

Harnett County Department of Public Health

23505

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ARMANDO AGUIRRE PROPERTY LOCATION: RACK CT.
NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: BFD Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: EXISTING
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: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 12/21/06 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: ARMANDO AGUIRRE PROPERTY LOCATION: RACK CT.
SUBDIVISION _____ LOT # _____
Facility Type: SFD ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No
Type of Wastewater System** EXISTING (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable ☐) _____ (Repair)

Installation Requirements/Conditions

EXISTING
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 $\pm 1/4"$ in all directions)
Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe
_____ inches above pipe
Conditions: THIS PERMIT IS FOR A FRENCH DRAIN - SEE SITE SKETCH _____ 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.

Authorized State Agent: [Signature] Date: 12/21/06
Construction Authorization Expiration Date: _____

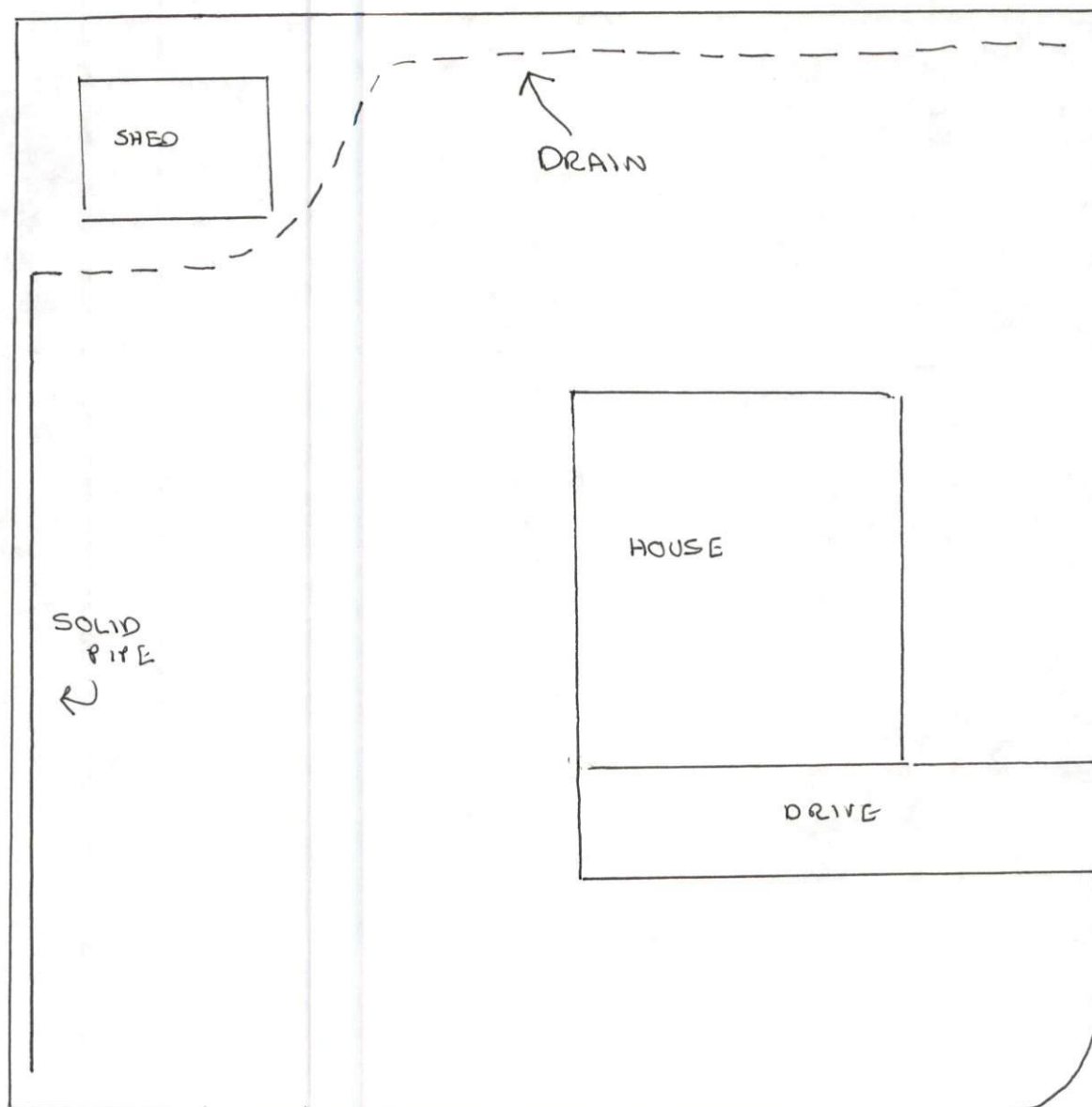
SEE ATTACHED SITE SKETCH

HTE# REPAIR

Permit # 23505

Harnett County Department of Public Health Site Sketch

ISSUED TO: ARMANDO AGUIRE PROPERTY LOCATOR: RACK CT.
SUBDIVISION _____ LOT # _____
Authorized State Agent: [Signature] RS (OLIVER TOLKSDORF) Date: 12/21/06



- 100' OF DRAIN
- 1-2' WIDE
- START AT 6' DEEP

- HEALTH DEPARTMENT TO BE ON SITE DURING INSTALLATION
- CALL AT LEAST 2 DAYS AHEAD OF TIME TO SCHEDULE INSTALLATION (893-7547)