

HTE# Repair

Harnett County Department of Public Health

28442

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Rachel Miller PROPERTY LOCATION: 395 Antioch Church Rd
NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION _____ LOT # _____
Type of Structure: Existing SFD Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: 25% Reduction System
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 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
Permit conditions: _____ ☐ No expiration

Authorized State Agent: Bryan McSwain, REHS Date: 10/22/2015 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: Rachel Miller PROPERTY LOCATION: 395 Antioch Church Rd
FACILITY TYPE: SFD ☐ New ☐ Expansion ☒ Repair SUBDIVISION _____ LOT # _____
Basement? ☐ 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 Number of trenches 1
Pump Tank Size _____ gallons Exact length of each trench 400 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches
(Maximum soil cover shall not exceed 36" above the trench bottom)
Trenches shall be installed on contour at a Maximum Trench Depth of: 18-22 inches
(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
_____ 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: Bryan McSwain, REHS Date: 10/22/2015
Construction Authorization Expiration Date: 10/22/2015

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Harnett County Department of Public Health Site Sketch

ISSUED TO: Rachel Miller PROPERTY LOCATOR: 395 Antioch Church Rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: Eugene McSwain, REHS Date: 10/22/2015

