

HTE# B. White
Repair

Harnett County Department of Public Health

Improvement Permit

25240

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Brian White

PROPERTY LOCATION: NC 27 - 58 Stone Cliff Lane

NEW ☐ REPAIR ☒ EXPANSION ☐

SUBDIVISION Stone Cliff

LOT # 4

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: existing SFO

Proposed Wastewater System Type: existing

Projected Daily Flow: existing GPD

Number of bedrooms: existing Number of Occupants: existing 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
☐ No expiration

Permit conditions: Replace Tank And D Box

Authorized State Agent: J. White

Date: 2-4-09

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: Brian White

PROPERTY LOCATION: NC 27 - 58 Stone Cliff Lane

SUBDIVISION Stone Cliff

LOT # 4

Facility Type: existing SFO ☐ New ☐ Expansion ☒ Repair

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD

(See note below, if applicable ☐)

(Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Replace existing Tank
And "D" Box

Pump Requirements: _____ ft. TDH vs. _____ GPM

Number of trenches _____

Exact length of each trench _____ feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: _____ inches

(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches

(Maximum soil cover shall not exceed
36" above the trench bottom)

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

_____ inches total

Conditions: _____

**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: J. White

Date: 02-04-09

Construction Authorization Expiration Date: 02-04-2014