

HTE# Repair

Harnett County Department of Public Health

Improvement Permit

28297

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 852 Horseshoe Bend RdISSUED TO: William Kelly

SUBDIVISION _____

LOT # _____

NEW ☐REPAIR ☒EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: Existing SFDProposed Wastewater System Type: 25% Reduct: on SystemProjected Daily Flow: 240 GPDNumber of bedrooms: 2 Number of Occupants: 4 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 100 feetPermit valid for: 60 ☐ Five years
Days ☐ No expiration

Permit conditions: _____

Authorized State Agent: Bryan McSwain, REHSDate: 5/22/2015

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: William KellyPROPERTY LOCATION: 852 Horseshoe Bend Rd

SUBDIVISION _____

LOT # _____

Facility Type: SFD ☐ New ☐ Expansion ☒ RepairBasement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ NoType of Wastewater System** _____ (Initial) Wastewater Flow: 240 GPD
(See note below, if applicable ☐)25% Reduct: on System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches 1Exact length of each trench 200 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18-30 inches(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 6 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

Conditions: _____ inches total

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, REHSDate: 5/22/2015Construction Authorization Expiration Date: 7/22/2015

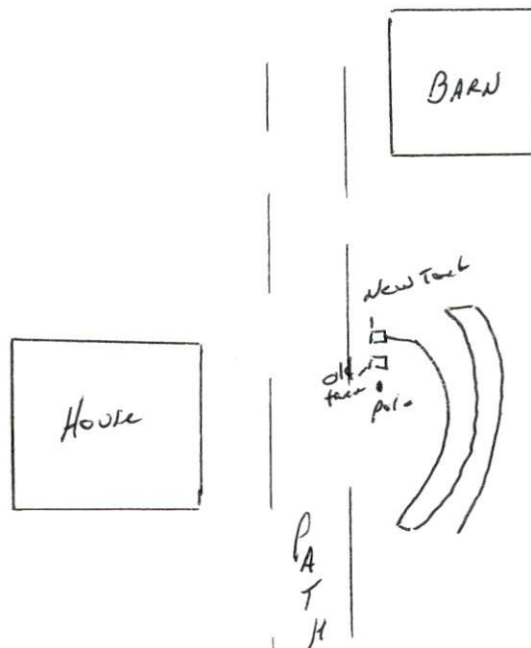
HTE# Repair

Permit # 28297

Harnett County Department of Public Health Site Sketch

ISSUED TO: William Kelly PROPERTY LOCATOR: 852 Horseshoe Bend Rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McSwain, LEHS Date: 5/22/2015



Horseshoe Bend Rd.