

HTE# _____

Harnett County Department of Public Health

Improvement Permit

26418

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JOE STEWART PROPERTY LOCATION: SR1563 Bell Ave
 NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION DREAMLAND EST LOT # 3
 Type of Structure: EX SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: CONVENTIONAL
 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: ☐ Five years
 Permit conditions: Renote 2" supply line to illustrated area ☒ No expiration

Authorized State Agent: James E. Marston Date: 2-25-11 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: JOE STEWART PROPERTY LOCATION: SR1563 Bell Ave
 Facility Type: EX SFD SUBDIVISION DREAMLAND EST LOT # 3
 Basement? ☐ Yes ☒ No ☐ New ☐ Expansion ☒ Repair
 Basement Fixtures? ☐ Yes ☒ No
 Type of Wastewater System** (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable ☐)

Installation Requirements/Conditions (Repair)
 Septic Tank Size EX gallons Number of trenches EX
 Pump Tank Size EX gallons Exact length of each trench EX feet
 Trench Spacing: EX Feet on Center
 Trenches shall be installed on contour at a Soil Cover: EX inches
 Maximum Trench Depth of: EX 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: EX inches below pipe
EX inches above pipe
EX inches total
 Conditions: Renote 2" supply line to illustrated area.

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: James E. Marston Date: 2-25-11
 Construction Authorization Expiration Date: 2-25-16

Permit # 26418

Harnett County Department of Public Health Site Sketch

Authorized State Agent: Jane E. McIntosh Date: 2-25-11

