

HTE# _____

Harnett County Department of Public Health Improvement Permit

26346

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _____

ISSUED TO: _____ SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: _____

Proposed Wastewater System Type: _____

Projected Daily Flow: _____ GPD

Number of bedrooms: _____ Number of Occupants: _____ 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 _____ feet

Permit valid for: Five years
 No expiration

Permit conditions: _____

Authorized State Agent: _____ Date: _____ 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: Steve Murphy

PROPERTY LOCATION: 10174 W 421
SUBDIVISION _____ LOT # _____

Facility Type: SFO New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

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

(See note below, if applicable)

Existing Systems (Repair)

Installation Requirements/Conditions

Septic Tank Size Existing gallons

Pump Tank Size 1000 gallons

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 +/- 1/4"

in all directions)

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: Connect septic tank to new pump tank & use _____ inches total

a ZONE valve which will connect to the 1st system & the newly installed system

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: [Signature] Date: 4/28/2011

Construction Authorization Expiration Date: 4/28/2016

HTE# Attempt to Repair

Permit # 26346

Harnett County Department of Public Health Site Sketch

ISSUED TO: Steve Murphy

PROPERTY LOCATOR: 10174 05421

SUBDIVISION _____

LOT # _____

Authorized State Agent: [Signature]

Date: 4/29/2011

