

HTE# _____

Harnett County Department of Public Health

28992

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Frances + Michael Weath PROPERTY LOCATION: 511440 James Noran RD
NEW ☐ REPAIR ☒ EXPANSION ☐ SUBDIVISION: Necks Creek LOT # 103
Type of Structure: Ex SFD Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: NEW TANK
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 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
Permit conditions: _____ ☐ No expiration

Authorized State Agent: James E. Markham Date: 8-30-16 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: Frances + Michael Weath PROPERTY LOCATION: 511440 James Noran RD
Facility Type: Ex SFD ☐ New ☐ Expansion ☒ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** Ex (Initial) Wastewater Flow: _____ GPD
(See note below, if applicable ☐) Ex (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
Pump Tank Size N/A 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 $\pm 1/4"$ in all directions)

Trench Spacing: _____ Feet on Center
Soil Cover: _____ inches
(Maximum soil cover shall not exceed 36" above the trench bottom)

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: James E. Markham Date: 8-30-16
Construction Authorization Expiration Date: 8-30-21

HTE#

Permit #

28992

Harnett County Department of Public Health
Site Sketch

ISSUED TO: Frances + Michael Weath PROPERTY LOCATOR: 521440 James Jordan RD
SUBDIVISION: Necks Creek LOT # 125

Authorized State Agent:

[Signature]

Date:

6-30-16

