

HTE# REPAIR

# Harnett County Department of Public Health

28746

## Improvement Permit

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

Permit conditions: \_\_\_\_\_

No expiration

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: SAM TURNER

PROPERTY LOCATION: 25 LOFTY NEST ROAD DR

SUBDIVISION EAGLES LANDING MAP LOT # \_\_\_\_\_

Facility Type: MH  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: \_\_\_\_\_ GPD  
(See note below, if applicable )

\_\_\_\_\_ (Repair)

<b>Installation Requirements/Conditions</b>	Number of trenches _____	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _____ feet	Trench Spacing: _____ Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a	Soil Cover: _____ inches
	Maximum Trench Depth of: _____ inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM \_\_\_\_\_ inches below pipe  
Aggregate Depth: \_\_\_\_\_ inches above pipe

Conditions: CRUSH EXISTING TANK, SET NEW TANK IN BEST LOCATION TO ACCESS SYSTEM AND PREVENT DAMAGE IF HOME IS MOVED

**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: \_\_\_\_\_ Date: 6/2/14  
Construction Authorization Expiration Date: 6/2/15