HTE# _ATTEMPT TO REPAIR_

Harnett County Department of Public Health

Improvement Permit

26499

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: BETHEL BAPTIST RD

ISSUED TO: KARI-LYNN MONTE   SUBDIVISION _____ LOT # ____

NEW ☐   REPAIR ☒   EXPANSION ☐   Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: MOBILE HOME

Proposed Wastewater System Type: PUMP TO 25% REDUCTION

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: SEE NOTE ON SITE SKETCH   ☐ No expiration

Authorized State Agent:: _____ REHS   Date: 3/30/11 _____ 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: KARI-LYNN MONTE   PROPERTY LOCATION: BETHEL BAPTIST RD

SUBDIVISION _____ LOT # ____

Facility Type: MOBILE HOME   ☐ New   ☐ Expansion   ☒ Repair

Basement? ☐ Yes ☒ No   Basement Fixtures? ☐ Yes ☒ No

Type of Wastewater System** _____   (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable ☐)

PUMP TO 25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

Septic Tank Size EXISTING gallons	Number of trenches 1	
Pump Tank Size 1000 gallons	Exact length of each trench 300 feet	Trench Spacing: 9 Feet on Center
	Trenches shall be installed on contour at a	Soil Cover: 6 inches
	Maximum Trench Depth of: 12-18 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: EXISTING WELLS MUST BE PROPERLY ABANDONED. SEE HEALTH   _____ inches total
DEPARTMENT FOR PROPER PERMIT - NO FEE REQUIRED

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: _____ REHS   Date: 3/30/11

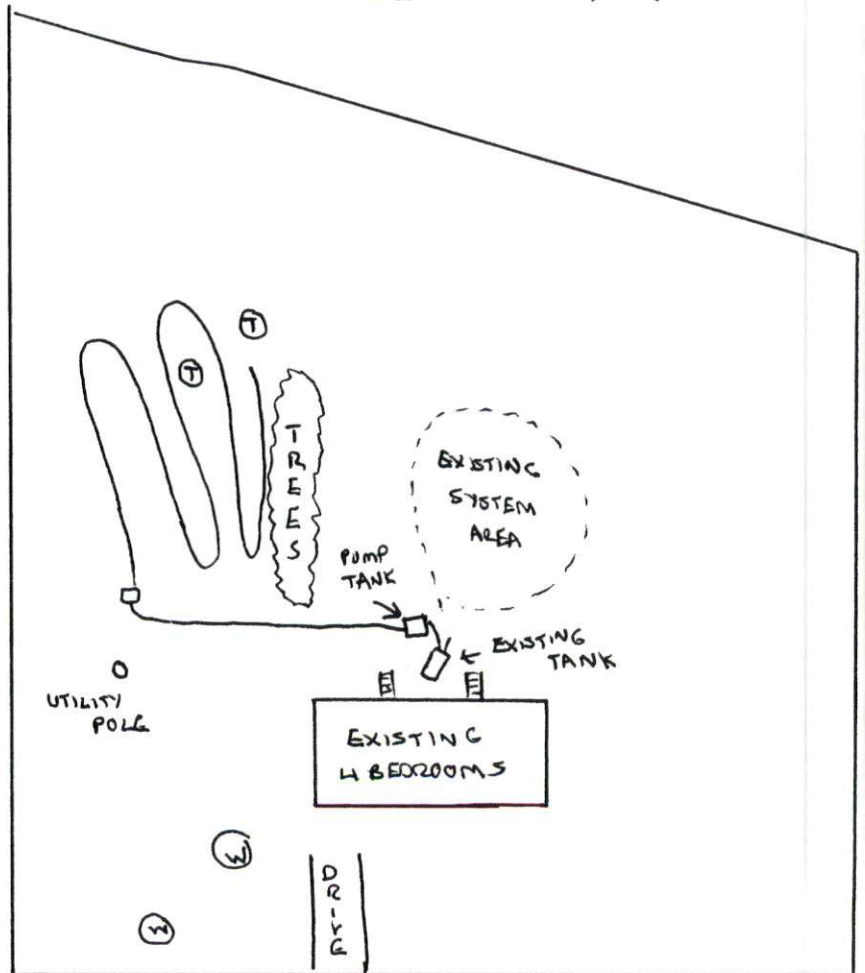Construction Authorization Expiration Date: 3/30/16

Harnett County Department of Public Health
Site Sketch

PROPERTY LOCATON: <u>BETHEL BAPTIST RD</u>

ISSUED TO: <u>KARI-LYNN MONTE</u>　　SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ REAS (OLIVER TOLKSDORF) Date: <u>3/30/11</u>

NOTE : IT APPEARS THAT A SECOND SEPTIC SYSTEM EXISTS ON THE PROPERTY. IF THE SECOND SEPTIC TANK CAN BE LOCATED AND DEEMED USEABLE BY THE HCHD THEN THE EXISTING HOME MAY BE CONNECTED TO THE TANK AS AN ATTEMPT TO REPAIR. IF THAT SYSTEM FAILS OR IS DEEMED UNUSEABLE BY THE HCHD THEN THIS SYSTEM MUST BE INSTALLED.

BETHEL BAPTIST RD