

HTE# Repair

Har t County Department of Public Health

27842

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 141 Nick McLean RdISSUED TO: Charlene Parks

SUBDIVISION _____

LOT # _____

NEW ☐REPAIR ☒EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFDProposed Wastewater System Type: existingProjected Daily Flow: 360 GPDNumber of bedrooms: 3 Number of Occupants: 6 maxBasement ☐ Yes ☒ NoPump Required: ☐ Yes ☒ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetPermit valid for: ☒ Five years

Permit conditions: _____

☐ No expirationAuthorized State Agent: Bryan McSwain, REHSDate: 4/23/2014

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: Charlene ParksPROPERTY LOCATION: 141 Nick McLean Rd

SUBDIVISION _____

LOT # _____

Facility Type: SFD☐ New☐ Expansion☒ RepairBasement? ☐ Yes ☐ NoBasement Fixtures? ☐ Yes ☐ NoType of Wastewater System** existing(Initial) Wastewater Flow: 360 GPD(See note below, if applicable ☐)

(Repair)

Installation Requirements/ConditionsSeptic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches existing

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

_____ inches total

Conditions: Set new septic tank so it can be connected to existing drain field**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: Bryan McSwain, REHSDate: 4/23/2014Construction Authorization Expiration Date: 4/23/2019

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Permit # 27842

Harnett County Department of Public Health Site Sketch

ISSUED TO: Charlene Parks PROPERTY LOCATOR: 141 Nick McLean Rd
SUBDIVISION _____ LOT # _____

Authorized State Agent: Bryan McLean, R.E.H. Date: 4/23/2014

new - □ □ - dd
pool tank

AREA For
Home

Nick McLean Rd