

HTE# 16-53622R

Harnett County Department of Public Health

28778

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: DAVID ESTHERIOGE PROPERTY LOCATION: McARTHUR RD
NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION: BOBBY ESTHERIOGE LOT # _____
Type of Structure: MAN HOME (28476) MIGRANT HOUSE Site Improvements required prior to Construction Authorization Issuance: _____
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 900 GPD
Number of bedrooms: _____ Number of Occupants: 15 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 100 feet Permit valid for: ☒ Five years
Permit conditions: _____ ☐ No expiration

Authorized State Agent: [Signature] Date: 4/6/16 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: DAVID ESTHERIOGE PROPERTY LOCATION: McARTHUR RD
SUBDIVISION: BOBBY ESTHERIOGE LOT # _____
Facility Type: MIGRANT HOUSE ☒ New ☐ Expansion ☐ Repair
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 900 GPD
(See note below, if applicable ☐ PUMP TO 25% RED (Repair)
Installation Requirements/Conditions
Septic Tank Size 1500 gallons Number of trenches 1
Pump Tank Size _____ gallons Exact length of each trench 600 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6-18 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: USE STEPPED DRAINAGE AS NEEDED

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: 4/6/16
Construction Authorization Expiration Date: 4/6/20

HTE# 16-5-38228R

Permit # 28778

Harnett County Department of Public Health Site Sketch

ISSUED TO: DANNO EMMERAGE PROPERTY LOCATOR: McARTHUR RD
SUBDIVISION BOBBY EMMERAGE LOT #
Authorized State Agent: ~~OLIVER TOLKOOFF~~ Date: 4/6/16

WOODS

