

HTE# 1650038325R

Harnett County Department of Public Health

28852

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Bessie Obas
PROPERTY LOCATION: 68 Oakdale St
SUBDIVISION: Troy Rollins LOT # 2
Type of Structure: DWMH
Proposed Wastewater System Type: Pump to Existing
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement: No
Pump Required: Yes
Type of Water Supply: Well Distance from well 50 feet
Permit conditions: existing SW MH to be removed.

Authorized State Agent: [Signature] Date: 05/06/2016 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: Bessie Obas
PROPERTY LOCATION: 68 Oakdale St
SUBDIVISION: Troy Rollins LOT # 2
Facility Type: DWMH
Basement? No
Type of Wastewater System: Pump to exist
(Initial) Wastewater Flow: 360 GPD

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size 1000 gallons
Number of trenches: 2
Exact length of each trench: - feet
Trench Spacing: - Feet on Center
Soil Cover: - inches
Maximum Trench Depth of: - inches
Pump Requirements: - ft. TDH vs. - GPM
Aggregate Depth: - inches below pipe, - inches above pipe, - inches total

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: 05/06/2016
Construction Authorization Expiration Date: _____

HTE# 1650038325R

Permit # 28852

Harnett County Department of Public Health Site Sketch

ISSUED TO: Bessie Obas PROPERTY LOCATOR: 68 Oakdale St.
SUBDIVISION Troy Rollins LOT # 2

Authorized State Agent: J. H. Bul RE-H.S Date: 05/06/2016

