

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: SHAWN WILLIAMS
PROPERTY LOCATION: NC27W
SUBDIVISION: ED BAIN & DAN HONEYCUTT LOT # 5
Type of Structure: MAN HOME (32x80)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement: Yes
Pump Required: No
Type of Water Supply: Community
Permit valid for: Five years

Authorized State Agent: [Signature] Date: 12/6/16 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: SHAWN WILLIAMS
PROPERTY LOCATION: NC27W
SUBDIVISION: ED BAIN & DAN HONEYCUTT LOT # 5
Facility Type: MAN HOME (32x80)
Basement? No
Type of Wastewater System: 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable) 25% REDUCTION SYS (Repair)

Installation Requirements/Conditions
Septic Tank Size: 1000 gallons
Pump Tank Size:
Number of trenches: 3
Exact length of each trench: 90 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6-10 inches
Maximum Trench Depth of: 18-22 inches
Pump Requirements:
Conditions: DRAIN FIELD AREA BOUNDED W/ YELLOW RIBBON

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: 12/6/16
Construction Authorization Expiration Date: 12/6/21

HTE# 16-539517

Permit # 29220

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: NC27W

ISSUED TO: SHARON WILLIAMS SUBDIVISION GO BAN F DAN HONEYCUTS LOT # 5

Authorized State Agent: ~~OLIVER TOLKSDORF~~ Date: 12/6/16

