

HTE# 17-5-41738

Harnett County Department of Public Health

29575

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Kenneth R. McKay
 NEW REPAIR EXPANSION
 Type of Structure: 4BR 76'x32' DWMT
 Proposed Wastewater System Type: 25% Reduction Sys.
 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 100 feet (NEW)
 Permit conditions: _____

PROPERTY LOCATION: 874 Samuel McKay Ln. (NC 27)
 SUBDIVISION _____ LOT # _____
 Site Improvements required prior to Construction Authorization Issuance: _____

Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] Date: 07/13/2017

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: Kenneth R. McKay PROPERTY LOCATION: 874 Samuel McKay Ln. (NC 27)
 SUBDIVISION _____ LOT # _____

Facility Type: 4BR 76'x32' DWMT New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes 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 _____ gallons
 Number of trenches 3
 Exact length of each trench 90 feet
 Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 28 inches
 (Maximum soil cover shall not exceed
 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4"
 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 inches total
 Conditions: Abandoned Tank shall be Pumped & Crushed or Filled with sand

**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: 07/13/2017
 Construction Authorization Expiration Date: 07/13/2022

HTE# 17-5-41737

Permit # 29575

Harnett County Department of Public Health Site Sketch

ISSUED TO: Kenneth R. McKay PROPERTY LOCATOR: 874 Samuel McKay Ln. (NC 27)
SUBDIVISION _____ LOT # _____

Authorized State Agent: [Signature] Date: 07/13/2017

- * All above ground debris shall be cleared
- * No driving on septic area
- * No deck on septic area

- * Existing SFD & Septic Tank *
shall be Abandoned
→ Tank shall be Pumped -
& Crushed or Filled w/ Sand

