

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: McDUFFIE RD.

ISSUED TO: ANDREA ISABEL CASTELLANOS SUBDIVISION ANDREA I CASTELLANOS LOT # 4

NEW [X] REPAIR [ ] EXPANSION [ ]

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: MANUFACTURED HOME (24x56)

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement [ ] Yes [X] No

Pump Required: [ ] Yes [ ] No [X] May be required based on final location and elevations of facilities

Type of Water Supply: [ ] Community [X] Public [ ] Well Distance from well \_\_\_\_\_ feet

Permit valid for: [X] Five years [ ] No expiration

Permit conditions:

Authorized State Agent: [Signature]

Date: 3/16/18

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: ANDREA ISABEL CASTELLANOS

PROPERTY LOCATION: McDUFFIE RD

SUBDIVISION ANDREA I CASTELLANOS LOT # 4

Facility Type: MAN. HOME (24x56) [X] New [ ] Expansion [ ] Repair

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [X] No

Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable [ ]) Pump To 25% Red. Sys. (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 1

Pump Tank Size \_\_\_\_\_ gallons

Exact length of each trench 200 feet

Trenches shall be installed on contour at a maximum Trench Depth of: SEE SITE SKETCH 36-41 inches

(Trench bottoms shall be level to +/-1/4" in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6-10 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

Conditions: \_\_\_\_\_ 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: 3/16/18

Construction Authorization Expiration Date: 3/14/23

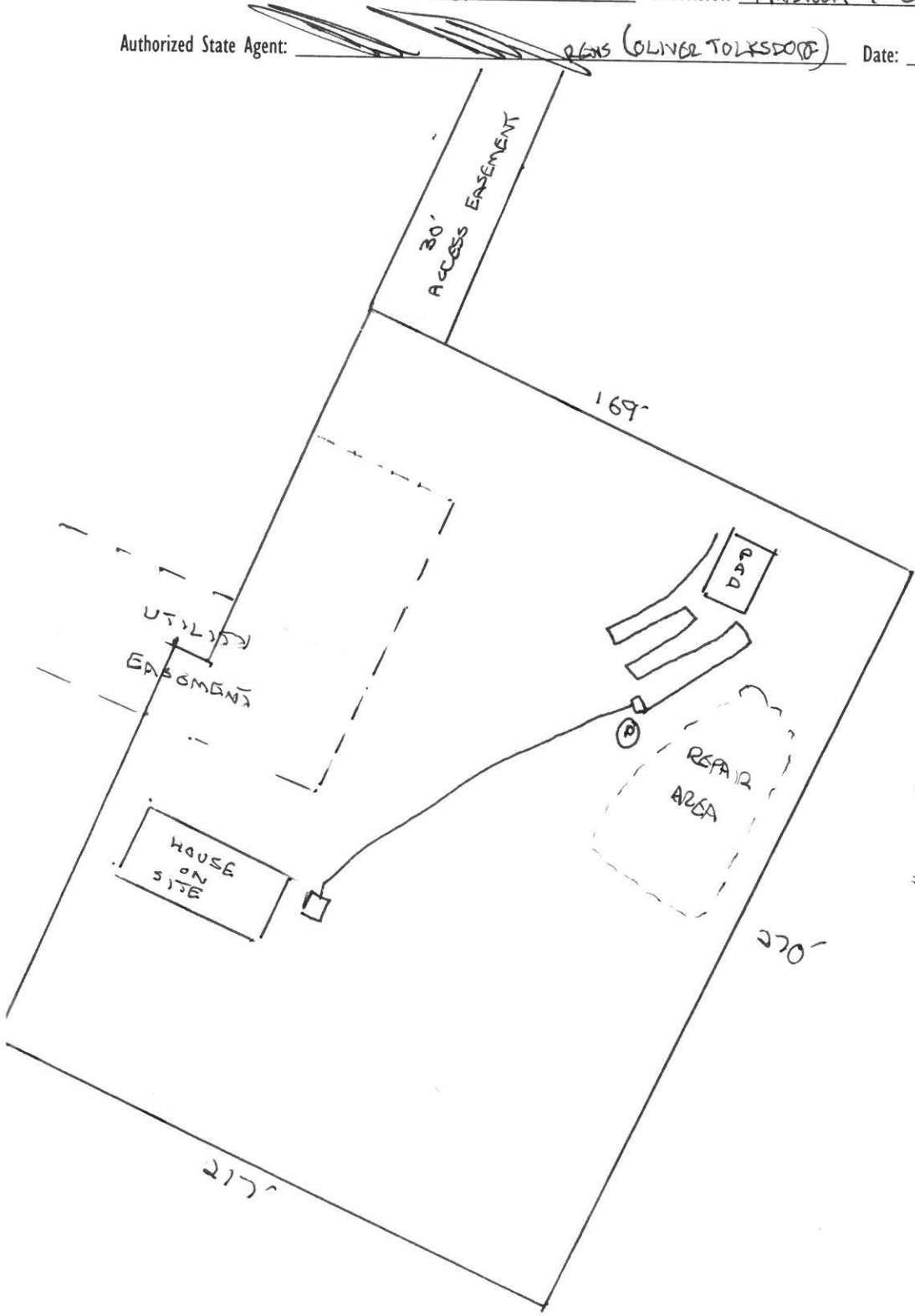
HTE# 18-5-43477

Permit # 29849

# Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: MCDUFFIE RD  
ISSUED TO: ANDREA ISABEL CASTELLANOS SUBDIVISION ANDREA I CASTELLANOS LOT # 4

Authorized State Agent: RENS (OLIVER TOLKSDORF) Date: 3/14/18



\* RUN TOP 2 LINES AT 18"  
OTHERS 18"22"  
\* CALL WITH ANY QUESTIONS  
PRIOR TO INSTALLATION

