

HTE# 18-54379SR

Harnett County Department of Public Health

30105

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ANDREA ISABEL CASTELLANOS PROPERTY LOCATION: McDUFFIE RD
SUBDIVISION ANDREA CASTELLANOS LOT # 4
NEW [X] REPAIR [ ] EXPANSION [ ]
Type of Structure: MAN. 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

Authorized State Agent: [Signature] Date: 5/30/18 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 CASTELLANOS LOT # 4
Facility Type: MAN. HOME (24x56) [X] New [ ] Expansion [ ] Repair [ ]
Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No
Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 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 1
Exact length of each trench 200 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6-8 inches
Maximum Trench Depth of: 18-20 inches
(Trench bottoms shall be level to +/- 1/4" in all directions)
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: 5/30/18
Construction Authorization Expiration Date: 5/30/23

HTE# 18-S-43795R

Permit # 30105

# Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: McDUFFIE RD

ISSUED TO: ANOREA ISABEL CASTELLANOS SUBDIVISION ANOREA CASTELLANOS LOT # 4

Authorized State Agent: ~~\_\_\_\_\_~~ RCHS (OLIVER TOLKSDORF) Date: 5/30/19

- \* WATER LINES MUST BE 10' FROM SEPTIC SYSTEM. EXISTING LINES MAY NEED TO BE RELOCATED
- \* DRAIN LINE CONTOUR MAY VARY
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

