

HTE# 18-543183

## Harnett County Department of Public Health

29839

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CLYDE STANLEY FARLOTH PROPERTY LOCATION: COOL SPRINGS RD SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 NEW ☒ REPAIR ☐ EXPANSION ☐ Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Type of Structure: MAN. HOME (52x28)  
 Proposed Wastewater System Type: 25% REDUCTION SYS.  
 Projected Daily Flow: 360 GPD  
 Number of bedrooms: 3 Number of Occupants: 6 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 \_\_\_\_\_ feet Permit valid for: ☒ Five years  
 Permit conditions: \_\_\_\_\_ ☐ No expiration

Authorized State Agent: [Signature] Date: 2/12/18 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: CLYDE STANLEY FARLOTH PROPERTY LOCATION: COOL SPRINGS RD SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Facility Type: MAN HOME (52x28) ☒ New ☐ Expansion ☐ Repair  
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No  
 Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable ☐ 25% RED. SYS. (Repair)

## Installation Requirements/Conditions

Septic Tank Size 1000 gallons  
 Pump Tank Size \_\_\_\_\_ gallons

Number of trenches 1  
 Exact length of each trench 450 feet  
 Trenches shall be installed on contour at a  
 Maximum Trench Depth of: 18 inches  
 (Trench bottoms shall be level to  $\pm 1/4"$   
 in all directions)

Trench Spacing: 9 Feet on Center  
 Soil Cover: 6 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  
 \_\_\_\_\_ inches total

Conditions: HOUSE SITE #1

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: 2/12/18  
 Construction Authorization Expiration Date: 2/12/23

HTE# 18-5-43183

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## Harnett County Department of Public Health Site Sketch

ISSUED TO: CLYDE STANLEY FAIRCLOTH PROPERTY LOCATOR: COOL SPRINGS RD SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: ~~REGULATORY - OLDSBORO~~ Date: 2/12/18

