

HTE# SFD1809-0030

Harnett County Department of Public Health

30190

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

SR 1735

PROPERTY LOCATION: 109 Lavendale Ln. (Antioch Ch. Rd.)

ISSUED TO: Joey Raynor

SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: 3BR 49.7' x 66.5' SFD

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 NA feet

Permit valid for: Five years

Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 10/09/2018

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: Joey Raynor

PROPERTY LOCATION: 109 Lavendale Ln. (Antioch Ch. Rd.)

SUBDIVISION _____ LOT # _____

Facility Type: 3BR 49.7' x 66.5' SFD 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)

At-grade 25% red. sys. (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 3
Exact length of each trench 90 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons

Trenches shall be installed on contour at a
Maximum Trench Depth of: 20-17 inches

Soil Cover: 6 inches

(Trench bottoms shall be level to $\pm 1/4$ "
in all directions)

(Maximum soil cover shall not exceed
36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: NA inches below pipe

Conditions: Deep (20in) to shallow (17in) may be required

NA inches above pipe

NA 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: 10/09/2018

ANDREW CURRIN Construction Authorization Expiration Date: 10/09/2023

HTE# SFD1809-0030

Permit # 30190

Harnett County Department of Public Health Site Sketch

SR 1735

PROPERTY LOCATOR: 109 Lavendale Ln. (Antioch Ch. Rd.)

ISSUED TO: Joey Raynor

SUBDIVISION _____

LOT # _____

Authorized State Agent: _____

Andrew Clavin
ANDREW CLAVIN

Date: 10/09/2018

295'

* Deep (20IN) to shallow (17IN)
may be required

295'

295'



