

Harnett County Government Complex
307 W. Cornelius Harnett Boulevard
Lillington, NC 27546

ph: 910-893-7547
fax: 910-893-9371

November 9, 2018

Aaron & Tamara Wilkins
277 Cokesbury Park Lane
Fuquay Varina, NC 27526

**Re: Status of Improvement Permit Application SFD #1810-0052
Wade Stephenson Road**

Dear Mr. & Mrs. Wilkins,

An attempt was made to evaluate your property for the purpose of issuing an Improvement Permit. The evaluation could not be completed for one or more of the following reasons.

- 1. Use pink flags to mark property lines and irons that are set by surveyor need to be visible *(\$25.00 fee incurred)*
- 2. Use orange flags to mark house corners *(\$25.00 fee incurred)*
- 3. Directions not clear to property *(\$25.00 fee incurred)*
- 4. Property needs only brush or vegetation removed
- 5. Driveway not shown on site plan
- 6. Backhoe pits required
- 7. Other - Improvement Permit issued (attached). Construction Authorization pending. Proposed septic area shall be cleared for septic system placement. Notify Environmental Health (910-893-7547) when ready.**

Your application will be put on hold until the selected items above have been addressed. When completed **please call 910-893-7547 to confirm** that the items mentioned have been corrected. We will then reschedule your property for evaluation.

Sincerely,



Andrew Currin, R.E.H.S.
Environmental Health Specialist
Harnett County Department of Public Health

AC/sgs
Copy: Central Permitting

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Aaron & Tamara Wilkins PROPERTY LOCATION: Waide Stephenson Rd. (SR 1407)
 NEW REPAIR EXPANSION SUBDIVISION: Aaron Wilkins LOT # 5
 Type of Structure: 5BR 76' x 78' SFS Site Improvements required prior to Construction Authorization Issuance: Lot shall be cleared for
 Proposed Wastewater System Type: 25% reduction sys. septic sys. placement
 Projected Daily Flow: 600 GPD [Call EoHo when lot cleared]
 Number of bedrooms: 5 Number of Occupants: 16 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: 11/05/2018 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: _____ PROPERTY LOCATION: _____
 SUBDIVISION _____ LOT # _____
 Facility Type: _____ New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD
 (See note below, if applicable) _____ (Repair)

Installation Requirements/Conditions

Septic Tank Size _____ gallons	Number of trenches _____	Trench Spacing: _____ Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench _____ feet	Soil Cover: _____ inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: _____ inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		_____ inches below pipe
		Aggregate Depth: _____ 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: _____ Date: _____
 Construction Authorization Expiration Date: _____