App# SFD1902-0006

Harnett County Department of Public Health
Improvement Permit
A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: **Hamilton Rd**

ISSUED TO: **Ben Stout Real Estate Service**   SUBDIVISION _____ LOT # _____

NEW ☒   REPAIR ☐   EXPANSION ☐   Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: **SFD (59'x46')**

Proposed Wastewater System Type: **25% Reduction System**

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:: _____   Date: **2/28/2019** _____   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: **Ben Stout Real Estate Service**   PROPERTY LOCATION: **Hamilton Rd**

SUBDIVISION _____ LOT # _____

Facility Type: **SFD (59'x46')**   ☒ 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% Reduction System (Repair)

Installation Requirements/Conditions	
Septic Tank Size **1000** gallons	Number of trenches **1**
Pump Tank Size _____ gallons	Exact length of each trench **225** feet

Trench Spacing: **9** Feet on Center

Soil Cover: **6-14** inches

Trenches shall be installed on contour at a Maximum Trench Depth of: **18-26** inches   (Maximum soil cover shall not exceed 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: **2/28/2019**

Construction Authorization Expiration Date: **2/28/2024**

HTE# SF01902-0006   Permit # _____

Harnett County Department of Public Health
Site Sketch

PROPERTY LOCATON: HAMILTON RD

ISSUED TO: Ben Stout Real Est. Service SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~_____~~ REIS (OLIVER TOLKSO MS) Date: 2/28/19

* DRAWING
  NTS

755'

65'

59' x 59'
HOUSE

REPAIR
AREA

75'

DRIVE

1069

HAMILTON RD