

HTE# 5-1902-0062R

Harnett County Department of Public Health

30490

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Mitchell & Laurie Woodward

PROPERTY LOCATION: Mabry Road (SR 1538)

NEW REPAIR EXPANSION

SUBDIVISION _____ LOT # _____

Type of Structure: 4 BR 100' x 100' SFD + 1 BR APPT.

Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% Reduction Sys

Projected Daily Flow: 480 GPD 600

Number of bedrooms: 4 + 1 Number of Occupants: 10 max (4+1)

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: Andrew Wain

Date: 03/19/2019

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: Mitchell & Laurie Woodward

PROPERTY LOCATION: Mabry Road (SR 1538)

Facility Type: 4 BR 100' x 100' SFD + 1 BR APPT. New Expansion Repair

SUBDIVISION _____ LOT # _____

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction Sys. (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable)

25% Reduction Sys. (Repair)

+ 120 GPD APPT. M.T.
600 GPD TOTAL

Installation Requirements/Conditions

Septic Tank Size 1250 gallons

Number of trenches 5

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

Soil Cover: 8 inches

Maximum Trench Depth of: 20 inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to +/- 1/4"

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: NA inches below pipe

Conditions: Ductile Frog or Cased DOT Grade Pipe Required Under Driveway

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: Andrew Wain

Date: 03/19/2019

ANDREW WAIN

Construction Authorization Expiration Date: 03/19/2021

