Harnett County Department of Public Health

Improvement Permit

ISSUED TO: Sadler Construction

Projected Daily Flow: 360 Number of bedrooms: 3

Basement Yes

Permit conditions:

Pump Required: Yes

Authorized State Agent:: _

with the attached system layout.

ISSUED TO: Sadler Construction

Type of Structure: 3-bedroom 65'x54' SFD

REPAIR |

X No

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 142 Brae Drive (Old US 421 - SR 1291) SUBDIVISION Ross McRae Brae _LOT # 15 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% Reduction System Number of Occupants: 6 May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well NA Permit valid for: X Five years No expiration 11 MHS Date: 04/30/2019 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 PROPERTY LOCATION: 142 Brae Drive (Old US 421 - SR 1291) SUBDIVISION Ross McRae Brae LOT # 15 X New Expansion Repair (Initial) Wastewater Flow: 360

Facility Type: 3-bedroom 65'x54' SFD Basement? Yes X No Basement Fixtures? Yes 25% Reduction System Type of Wastewater System** (See note below, if applicable) 25% Reduction System (Repair) Installation Requirements/Conditions Number of trenches 3 Septic Tank Size 1000 gallons Exact length of each trench 70 Trench Spacing: 9 Pump Tank Size _____ Trenches shall be installed on contour at a Soil Cover: 12 Maximum Trench Depth of: 24 (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. ___ NA _ inches below pipe inches above pipe Aggregate Depth: 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: [understand the system type specified is different from the type specified	ified 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 Const	truction 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: _ Construction Authorization Expiration Date: 04/30/2024

Harnett County Department of Public Health Site Sketch

