Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 485 River Ridge Dr ISSUED TO: Seth Mabus SUBDIVISION REPAIR 🔲 NEW 🔀 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD 89'x49' Proposed Wastewater System Type: Conventional Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: 3 Basement Tes 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 50+ Permit valid for: ★ Five years No expiration Authorized State Agent:: Date: 6/10/2020 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site in subject to revocation of the site plan, plant of 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: Seth Mabus PROPERTY LOCATION: 485 River Ridge Dr SUBDIVISION LOT # 425 Facility Type: SFD 89'x49' New ☐ Expansion Repair Basement? Yes Basement Fixtures? | Yes ⊠ No Type of Wastewater System** Conventional (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Conventional (Repair) Installation Requirements/Conditions Number of trenches 4 Septic Tank Size 1000 gallons Exact length of each trench 100 Trench Spacing: 9 Feet on Center Pump Tank Size Trenches shall be installed on contour at a Soil Cover: 6 inches Maximum Trench Depth of: 18 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. ____ _____ 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. **Il 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: 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 Date: 6/10/2020 Construction Authorization Expiration Date: 6/10/2025

Harnett County Department of Public Health Site Sketch

Property Location: 485 RNRY RIC Issued To: SCHO Mabus Authorized State Agent: Both Add	Subdivision	LoLo	1#435
Authorized state Agent:	7012	Date: <u>6,70</u>	12000
			T 1
		100'	25% Reduction—1 Repair ATREO
		3BR	25%
	Carocs	SFD	•
	7-	- 40 x 40 / 1 Well Avec (16
	2 NEWRY	/ ·	
		′ /	

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: Parcel #:	SFD2004-0	0029 Subdivision:	Lot #: 425	
Applicant Name: Seth Mab				
Type of Facility Served by Wo	ell: <u>SED</u>			
Scwage System: Convention	nal			
Permit Conditions:				
 The permitted drinking 	Smart fe ed driller GW-1 provided?	d in accordance with th	e SITE PLAN d appurtenance) or modifi 7020 20	cation in use of the well, may
Date: Application # Applicant Name: Seth Mabu Address: 485 River Ridge Dr Directions to Site: Use of Well: Date Static Water Level: Disinfection: Type An	S Drilled: Total Dep Top of Casing is in, a	ılı: Repla	cement Well?	□ No
Water Zone (depth) From To From To From To	Casing From To Material: From To Material: From To Material: From To Material: Diameter: Material:	Thickness:	From	Method: To Method:
Inspector: On I	fold Date: Release Da	ate:		
Remarks:				
Well Head Information Casing Height: (above f Well ID Tag: Puin Sample Taken? Yes	inished grade) — Access Por p ID Tag: Sampling ' No — Well Head properly	Tap:	tack: Backflow Preventer:	
		Date		
Resident Consessed		Date		

See Attachment for completion sketch

	conces	SEPT IC INTIAL SED 89'X49'	+ REPAIR	
			40'] 1 2EA	Gorg
Well Completion Sketch				