

App# SAD 2008-  
0056

# Harnett County Department of Public Health

## Improvement Permit

1232 Micro Tower RD

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Bobby + Dawn Sharpe PROPERTY LOCATION: 32114 Micro Tower RD SUBDIVISION \_\_\_\_\_ LOT # 3

NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: SFD

Proposed Wastewater System Type: 25% Reduction

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  No expiration

Permit conditions: \_\_\_\_\_

Authorized State Agent: James E. Marshall Date: 2-8-21 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)

1232 Micro Tower RD

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: Bobby + Dawn Sharpe PROPERTY LOCATION: 32114 Micro Tower RD SUBDIVISION \_\_\_\_\_ LOT # 3

Facility Type: SFD  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 (Repair))

|                                                |                                                                                                                                                       |                                                                                               |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Installation Requirements/Conditions</b>    | Number of trenches <u>3</u>                                                                                                                           | Trench Spacing: <u>9</u> Feet on Center                                                       |
| Septic Tank Size <u>1000</u> gallons           | Exact length of each trench <u>60</u> feet                                                                                                            | Soil Cover: <u>6</u> inches                                                                   |
| Pump Tank Size _____ gallons                   | Trenches shall be installed on contour at a Maximum Trench Depth of: <u>28-18</u> inches (Trench bottoms shall be level to +1-1/4" in all directions) | (Maximum soil cover shall not exceed 36" above the trench bottom)                             |
| Pump Requirements: _____ ft. TDH vs. _____ GPM |                                                                                                                                                       | Aggregate Depth: <u>6</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total |

Conditions: \_\_\_\_\_

**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: James E. Marshall Date: 2-8-21

Construction Authorization Expiration Date: 2-8-26

Application # JFD 2008-6056

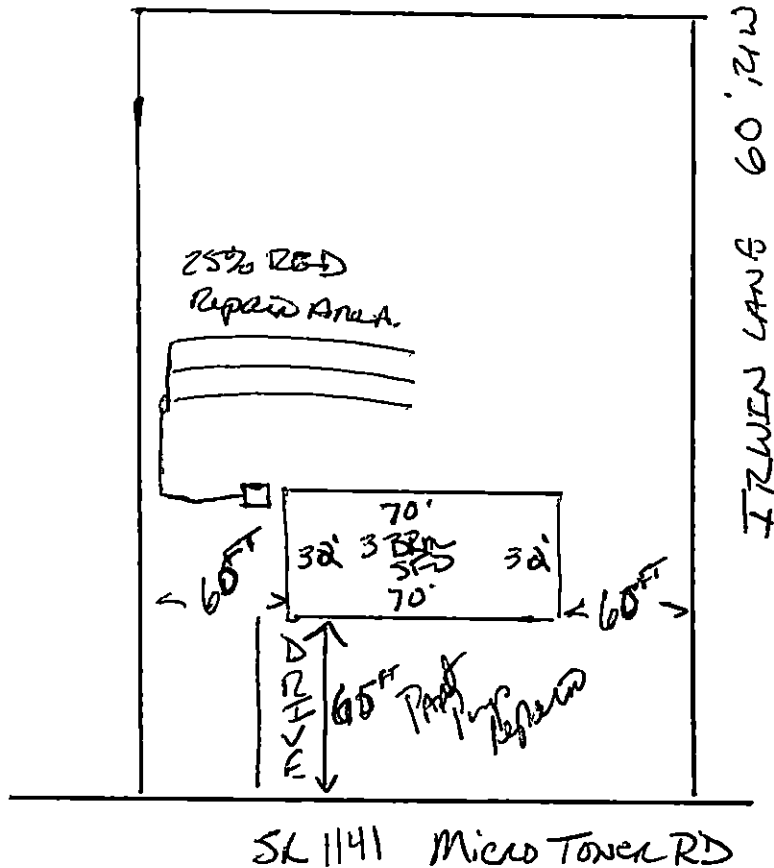
Harnett County Department of Public Health  
Site Sketch

1232 MicroTower Rd

Property Location: SK 1141 Micro Tower Rd

Issued To: Bobby + Dawn Shupe Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Authorized State Agent: James E. Marshall FDE 12345 Date: \_\_\_\_\_



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