Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 476 Green Links Dr ISSUED TO MRH Land Holding SUBDIVISION Carolina Seasons 10T # 1 EXPANSION REPAIR Site Improvements required prior to Construction Authorization Issuance: NEW 🔯 Type of Structure: SFR Proposed Wastewater System Type: Pump to 25% reduction Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 Basement Yes X No May be required based on final location and elevations of facilities ☐ No Pump Required: XYes X Five years Type of Water Supply: Community 🗵 Public 🗌 Well Distance from well ________feet Permit valid for: No expiration Date: 11-18-2020 SEE ATTACHED SITE SKETCH are 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 PROPERTY LOCATION: 476 Green Links Dr ISSUED TO: MRH Land Holding SUBDIVISION Carolina Seasons LOT # 1 Facility Type: SFR Expansion Basement Fixtures? Yes Basement? Yes Pump to 25% reduction Type of Wastewater System** (Initial) Wastewater Flow: GPD (See note below, if applicable) Pump to 25%-50% reduction (Repair) Number of trenches 3 Installation Requirements/Conditions Exact length of each trench 50 Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Soil Cover: 6 inches Trenches shall be installed on contour at a Pump Tank Size 1000 Maximum Trench Depth of: 18-28 (Maximum soil cover shall not exceed inches 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 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. 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 far Sewage Treatment and Disposal and to the conditions of this permit. Authorized State Agent: Mal Date: 11-18-2020___

Construction Authorization Expiration Date: 11-18-2025

Harnett County Department of Public Health Site Sketch

Property Location: 476 Green Links Dr		
Issued To: MRH Land Holding	Subdivision Carolina Seasons	Lot # 1
Authorized State Agent:	l fl REHS	Date: 11-18-2020
W2 1 (ard 5)	. 58	
50' 38r	261.83	
10' 50' House Box	151.7	5'
D C 1 V e 50'	60'	1.5.81
<u>50'</u>	25% reduction 20' Repair Area	272-80'

Green links Dr