## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 11 Spring Flowers Dr. Cameron SUBDIVISION Carolina Seasons ISSUED TO: MRH Land Holding EXPANSION . 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 Number of bedrooms: 3 Number of Occupants: 6 Basement Yes May be required based on final location and elevations of facilities Pump Required: XYes ☐ No Public Well Distance from well Permit valid for: ★ Five years Type of Water Supply: Community Permit conditions: System will repuire a french/interceptor drain to be installed No expiration above the start of the drainfield to divert storm water from upslope of line Date: 12-14-2020 SEE ATTACHED SITE SKETCH Authorized State Agent:: \_ 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. PROPERTY LOCATION: 11 Spring Flowers Dr. Cameron ISSUED TO: MRH Land Holding SUBDIVISION Carolina Seasons Repair Expansion Facility Type: SFR Basement Fixtures? 

Yes Basement? Yes Pump to 25% reduction (Initial) Wastewater Flow: 360 **GPD** Type of Wastewater System\*\* (See note below, if applicable ) Pump to 25% reduction Number of trenches 1 Installation Requirements/Conditions Exact length of each trench 225 Trench Spacing: 9 Feet on Center Septic Tank Size 1000 Trenches shall be installed on contour at a Soil Cover: 6 Pump Tank Size 1000 gallons Maximum Trench Depth of: 18-26 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: System will require a french/interceptor drain to be installed above the start of the drainfield to divert storm water from upslope of line 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: 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 SEE ATTACHED SITE SKETCH 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. Date: 12-14-2020 Authorized State Agent: 2 Construction Authorization Expiration Date: 12-14-2025

## Harnett County Department of Public Health Site Sketch

