

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 549 River Road (SR 1418)

ISSUED TO: Robert Richards Stafford III SUBDIVISION _____ LOT # TR#3

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

Type of Structure: 25% Reduction System

Proposed Wastewater System Type: 4-Bedroom 70'x60' SFD

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 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 100 feet

Permit valid for: Five years
 No expiration

Permit conditions: _____

Authorized State Agent: _____ Date: 12/01/2020 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)

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: Robert Richards Stafford III PROPERTY LOCATION: 549 River Road (SR 1418)

SUBDIVISION _____ LOT # TR#3

Facility Type: 4-Bedroom 70'x60' SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions Number of trenches 4

Septic Tank Size 1250 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 8 inches

Maximum Trench Depth of: 20 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. _____ GPM Aggregate Depth: NA inches below pipe

NA inches above pipe

Conditions: Gravity to Medium D-Box required due to fall 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: 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: _____ Date: 12/01/2020

ANDREW CORWIN

Construction Authorization Expiration Date: 12/01/2025

Harnett County Department of Public Health Site Sketch

Property Location: 549 River Road (SR 1418)

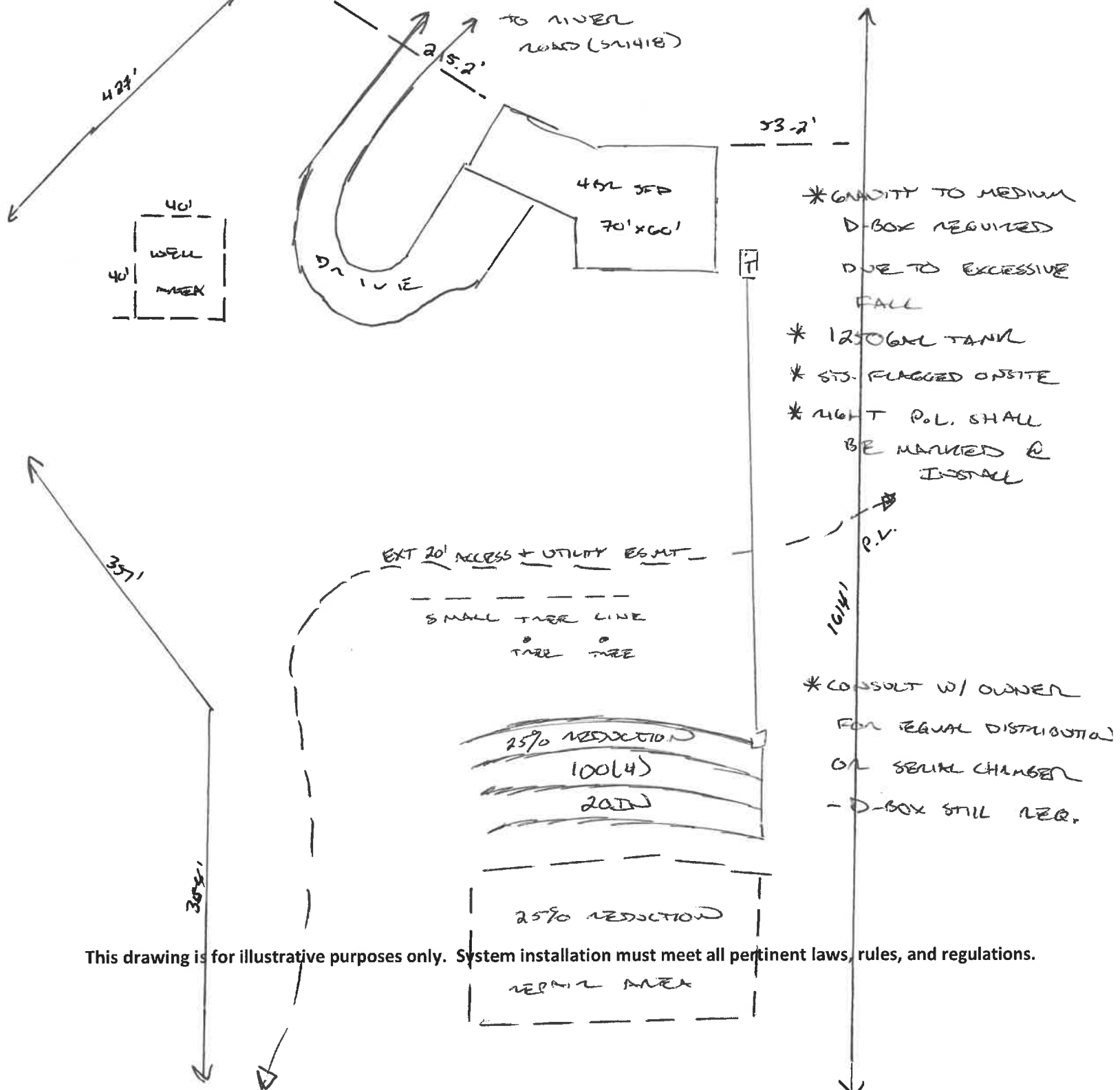
Issued To: Robert Richards Stafford III

Subdivision _____

Lot # TR#3

Authorized State Agent: _____

Date: 12/01/2020



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