Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 133 Old Buies Creek Road (SR 1542) ISSUED TO: Southeastern Construction of B.C. SUBDIVISION C M Johnson EXPANSION 🔲 Site Improvements required prior to Construction Authorization Issuance: REPAIR 🗍 Type of Structure: 3-Bedroom 49x52 SFD Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 360 Number of Occupants: 6 Number of bedrooms: 3 Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes ☐ No X Five years Public Well Distance from well NA Permit valid for: Type of Water Supply: Community No expiration Permit conditions: 12/09/2020 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. ISSUED TO: Southeastern Construction of B.C. PROPERTY LOCATION: 133 Old Buies Creek Road (SR 1542) SUBDIVISION C M Johnson Facility Type: 3-Bedroom 49x52 SFD Expansion Basement Fixtures?
Yes Basement? Yes (Initial) Wastewater Flow: _ 360 2570 AZDJETION STOTE GPD Type of Wastewater System** (See note below, if applicable) Number of trenches Installation Requirements/Conditions Feet on Center Septic Tank Size \ \ \ \ \ \ \ \ \ \ \ gallons Exact length of each trench 12 Trenches shall be installed on contour at a Soil Cover: Pump Tank Size _____ gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: inches (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 ~~ _ _ 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: 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.

Construction Authorization Expiration Date: 12/09/2025

Authorized State Agent: ___

ANDREW WIND

Harnett County Department of Public Health Site Sketch

