Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit, PROPERTY LOCATION: 160 Brookstone Dr. Cameron (SR1201) ISSUED TO: Robert Elliott NEW 🖂 EXPANSION -Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 29' x 42' SFD Proposed Wastewater System Type: 25% reduction Projected Daily Flow: 240 GPD Number of bedrooms: 2_____ Number of Occupants: 4 Basement Yes No May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Rublic Well Distance from well ______feet Permit valid for: **⊠** Five years ☐ No expiration Permit conditions: _ REHS Authorized State Agent: Date: 02-10-21 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permit. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This Date: 02-10-21 site is subject to revocation 4 the site plan, plan, 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, .1954, .1954, .1954, .1955, .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 Elliott PROPERTY LOCATION: 160 Brookstone Dr. Cameron (SR1201) Facility Type: 29' x 42' SFD ➤ New Expansion ☐ Repair Basement Fixtures? Yes No Basement? Yes Type of Wastewater System** 25% reduction (Initial) Wastewater Flow: 240 GPD (See note below, if applicable) 25% reduction Installation Requirements/Conditions_ Number of trenches 2 Septic Tank Size 1000 gallons Exact length of each trench 75 ____ Feet on Center Trench Spacing: 9 Pump Tank Size _____gallons Trenches shall be installed on contour at a Soil Cover: 6 _____inches Maximum Trench Depth of: 18" - 24" (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 _____inches above pipe 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. *Il 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 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: Mol M. REHF Date: 02-10-21 Construction Authorization Expiration Date: 02-10-26

Harnett County Department of Public Health Site Sketch

ssued To: Robert Elliott Subdivision	Lot #
Authorized State Agent: Male Me 26H5	Date: 02-10-21
	 75'
29' 28"	
Home	5. FUTURE 25% raduction 1. Repair Area
~60°	
1 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.