Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1093 SHERIFF JOHNSON RD (SR 1516)

| ISSUED TO: KEITH BULLOCK BUILDERS INC. SUBDIVISION KEITH BULLOCK BUILDERS INC LOT # 2 | |
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| NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: | |
| Type of Structure: 58x50 sfd, 3 beds 2 baths | prior to construction retrottation results. |
| Proposed Wastewater System Type: 25% Reduction Sys. | |
| Projected Daily Flow: 360 GPD | |
| Number of bedrooms: 3 Number of Occupants: 6 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 NA feet | Permit valid for: X Five years |
| Permit conditions: | ■ No expiration |
| 14 | |
| | |
| Authorized State Agent:: Date: 06/20 | 1/2021 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 continuous c | |
| 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 ow | nership 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 reference | es into this permit and shall be met. Systems shall be installed in accordance |
| with the attached system layout. | |
| ISSUED TO: KEITH BULLOCK BUILDERS INC. PROPERTY LOCATION: 1093 | SHERIFF JOHNSON RD (SR 151 |
| | JLLOCK BUILDERS INC LOT # 2 |
| | |
| Facility Type: 58x50 sfd, 3 beds 2 baths New □ Expansion □ Repai | |
| Basement? Yes No Basement Fixtures? Yes No | |
| Type of Wastewater System** 25% Reduction System | (Initial) Wastewater Flow: 360360 GPD |
| (See note below, if applicable) | |
| 25% Reduction System (Repair) | |
| Installation Requirements/Conditions Number of trenches 3 | |
| Septic Tank Size 1000 gallons Exact length of each trench 80 feet | Trench Spacing: Feet on Center |
| Pump Tank Sizegallons Trenches shall be installed on contour at a | Soil Cover: 10 inches |
| Maximum Trench Depth of: 22 inches | (Maximum soil cover shall not exceed |
| (Trench bottoms shall be level to +/-1/4" | 36" above the trench bottom) |
| in all directions) | 30 above the trenen bottom) |
| to a way and the second of the | NA inches below pipe |
| Pump Requirements:ft. TDH vsGPM | |
| | |
| Conditions: GLAUITY TO D-BOX | 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. | |
| | Land de Carine I di anni |
| **If applicable: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. | |
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| 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 cond | litions of this permit. SEE ATTACHED SITE SKETCH |
| | |
| Authorized State Agent: Date: | 06/24/2021 |
| Authorized State Agent: Date: Date: Date: Construction Authorization Expiration Date: OC/24/2021 | |

Harnett County Department of Public Health Site Sketch

