

App# SFD2107-0065

Harnett County Department of Public Health Improvement Permit

*Revised
For house location,
Driveway + water
line*

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Chuck Smith Construction

PROPERTY LOCATION: 200 Gilchrist Rd (SR1143)

SUBDIVISION _____

LOT # _____

Site Improvements required prior to Construction Authorization Issuance.

NEW REPAIR EXPANSION

Type of Structure: 83' x 77' SFD

Proposed Wastewater System Type: 25% reduction

Projected Daily Flow: 600 GPD

Number of bedrooms: 5 Number of Occupants: 10 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 _____ feet

Permit valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: *Mark A. RCH*

Date: 08-12-22

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 Law and Rules for Sewage Treatment and Disposal and to conditions of the 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 into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Chuck Smith Construction

PROPERTY LOCATION: 200 Gilchrist Rd (SR1143)

SUBDIVISION _____

LOT # _____

Facility Type: 83' x 77' SFD

New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% reduction

(Initial) Wastewater flow: 600 GPD

(See note below, if applicable)

25% reduction (Repair)

Installation Requirements/Conditions

Septic Tank Size: 1250 gallons

Number of trenches: 5

Pump Tank Size _____ gallons

Exact length of each trench: 75 feet

Trench Spacing: 9 feet on Center

Trenches shall be installed on contour at a

Soil Cover: 6 inches

Maximum Trench Depth of 18" - 24" inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to $\pm 1/4"$

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs _____ GPM

Aggregate Depth: _____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: _____

_____ 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 Law and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: *Mark A. RCH*

Date: 08-12-22

Construction Authorization Expiration Date: 08-12-27

