

## Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Warren Adams PROPERTY LOCATION: 6395 NC 210 N  
 SUBDIVISION: Lacoma E Adams LOT # 1  
 NEW  REPAIR  EXPANSION   
 Type of Structure: 74x39 sfd, 3 beds 2 baths Site Improvements required prior to Construction Authorization Issuance:  
 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 \_\_\_\_\_ feet Permit valid for:  Five years  
 No expiration  
 Permit conditions: \_\_\_\_\_

Authorized State Agent: [Signature] Date: 02/02/2022 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: Warren Adams PROPERTY LOCATION: 6395 NC 210 N  
 SUBDIVISION: Lacoma E Adams LOT # 1  
 Facility Type: 74x39 sfd, 3 beds 2 baths  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* 25% Reduction System (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable   
25% Reduction System (Repair)

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Exact length of each trench <u>90</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>24</u> inches	(Trench bottoms shall be level to +/- 1/4" in all directions)	Soil Cover: <u>12</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM			Aggregate Depth: <u>NA</u> inches below pipe <u>NA</u> inches above pipe <u>NA</u> inches total

Conditions: Gravity to D-Box Equal Distribution Required

**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: [Signature] Date: 02/02/2022  
Andrew Conrad Construction Authorization Expiration Date: 02/13/2026 02/02/2027



# Harnett County Department of Public Health

PERMIT # SFD2108-0027

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: G 395 NC 210 N.

Name: (owner) WARREN ADAMS SUBDIVISION LACOMA E. ADAMS LOT # 1

System Installer: CLINT ADAMS

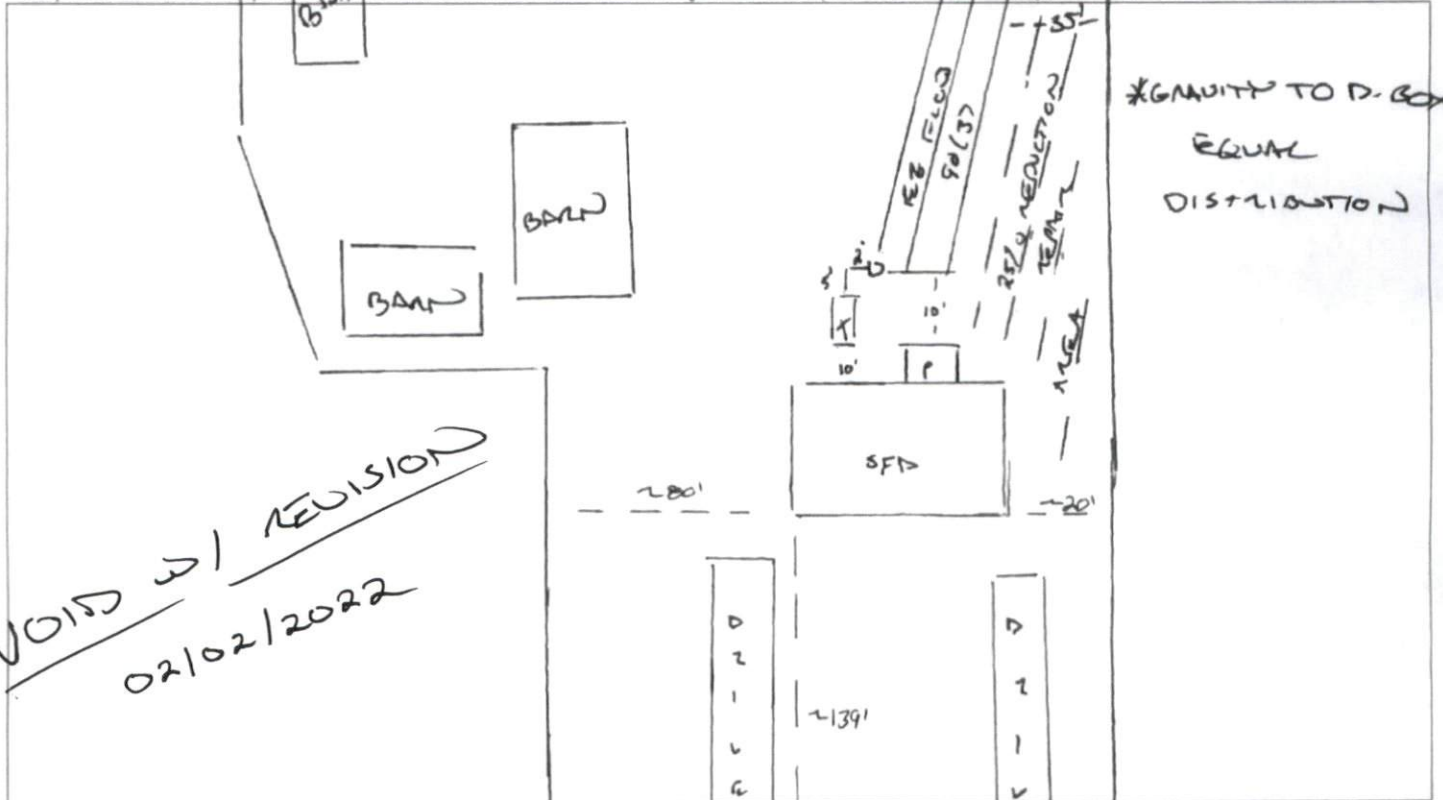
Basement with plumbing:  Garage  Number of Bedrooms 3

Type of Water Supply:  Community  Public  Well Distance from well NA feet

System Type: 25% REDUCTION STS. IIIg Types V and VI Systems expire in 5 years./

(In accordance with Table VA) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



**PERMIT CONDITIONS:**

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance:  required by Rule .1961. Other: \_\_\_\_\_

Subsurface system operator required? Yes  No   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other FE FLOW IIIg Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 90 feet ditches 3 feet ditches 24 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 10/18/2021

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