Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: John Stark Drive	
	Birchwood Grove Lot # 2
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD (38'x41.5')	
Proposed Wastewater System Type: 25% Reduction (Pump)	
Projected Daily Flow: 480 GPD	
Number of bedrooms: 4 Number of Occupants: 8 max	
Basement Yes No	
Pump Required: Yes No May be required based on final location and elev	
Type of Water Supply: Community Public Well Distance from well	feet Permit valid for: 🔀 Five years
Permit conditions:	Ho expiration
Authorized State Agent:: Date:	2/23/22 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	It 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 Au	thorization
(Required for Build	The second secon
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 a	
with the attached system layout.	
	Y LOCATION: John Stark Drive
	ON Birchwood Grove LOT # 2
Facility Type: SFD (38'x41.5')	sion Repair
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% Reduction	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	
25% Reduction	(Repair)
Installation Requirements/Conditions Number of trenches 1	
Septic Tank Size 1000 gallons Exact length of each trench 3	OOfeet Trench Spacing: 9 Feet on Center
Pump Tank Sizegallons Trenches shall be installed on o	1 0
Maximum Trench Depth of: 24	
(Trench bottoms shall be level	
in all directions)	to 17-174 30 above the trench bottomy
***************************************	inches below nine
Pump Requirements:ft. TDH vsGPM	inches below pipe
C. Tri	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF S	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 Constru	
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: Date: 3/23/22	
September State Agents Date: 3/23/27	
Construction Authorization Expiration Date: 3/23/27	

Harnett County Department of Public Health Site Sketch

