## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 321561 Bonfey PLD ISSUED TO: DICKY + Shanon Mclamb SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% 7630 atm Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: Basement Yes ☐ No May be required based on final location and elevations of facilities Pump Required: Yes Five years Permit valid for: No expiration Permit conditions: Authorized State Agent:

Date: 12-14-27 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. Facility Type: SPD New Expansion Repair Basement Fixtures? Yes No Basement? Yes (Initial) Wastewater Flow: 36 6 GPD Type of Wastewater System\*\* 25% REDICTION System (See note below, if applicable ) Installation Requirements/Conditions
Septic Tank Size 1000 Number of trenches Pump Tank Size / 600 gallons Exact length of each trench 80 Trenches shall be installed on contour at a Maximum Trench Depth of: 20" (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. \_\_ 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. \*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Date: 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 Date: 12-14-22 Authorized State Agent: Construction Authorization Expiration Date: 12-14-27

## Harnett County Department of Public Health Site Sketch

Property Location: <u>≤</u>	51 1561 Bailey 20	
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.		
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