Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with and PROPERTY LOCATION: SC 1573 WEEKS CLEEK TY SUBDIVISION SOUTHCAROK EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% T&DU TON Projected Daily Flow: _ Number of Occupants: Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: VYes ✓ Five years Public Well Distance from well _______ feet Permit valid for: Type of Water Supply: Community No expiration Permit conditions: Authorized State Agent 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 Facility Type: SFD Whew Expansion Repair

Basement? Yes Who Basement Fixtures? Yes Who

Type of Wastewater System** SED REDUCTION SYSTEM PROPERTY LOCATION: SK 1513 Next 5 Leck RD

SUBDIVISION SOUTH CLECK LOT #_

Expansion Repair

No PRBS Honoroff (SHANDOWSOUT)

(Initial) Wastewater Flow: 360 (See note below, if applicable) 50% REDUSTION (Repair) Number of trenches Installation Requirements/Conditions Exact length of each trench \$70 feet Trench Spacing: Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour atol Maximum Trench Depth of: 222 183 160ches Soil Cover: ____ Ballaximum soil cover shall not exceed 36" above the trench bottom) (Trench bottoms shall be level to +/-1/4" in all directions) Pump Requirements: ______ft. TDH vs. _____ 2NO LINE IS 18" Deep 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: 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. Authorized State Agent: Construction Authorization Expiration Date: 4-3-28

Harnett County Department of Public Health Site Sketch

