

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit SL 1457

ISSUED TO: Davidson Home Crafters PROPERTY LOCATION: 189 Spence Rd SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION

Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% REDUCTION

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 elevations of facilities

Type of Water Supply: Community Public Well Distance from well 50 ft feet

Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: James E. Markham JR. PE Date: 6-28-23 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: Davidson Home Crafters PROPERTY LOCATION: 189 Spence Rd SUBDIVISION _____ LOT # _____

Facility Type: SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable 25/50% REDUCTION (Repair)

Installation Requirements/Conditions	Number of trenches <u>3 or 4</u>	Trench Spacing: <u>9</u> Feet on Center
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>133 100'</u> feet	Soil Cover: <u>6</u> inches
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>18</u> inches	(Maximum soil cover shall not exceed 36" above the trench bottom)
	(Trench bottoms shall be level to $\pm 1/4"$ in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total
Conditions: <u>Contractor to meet ONSITE prior to INSTALL</u>		

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

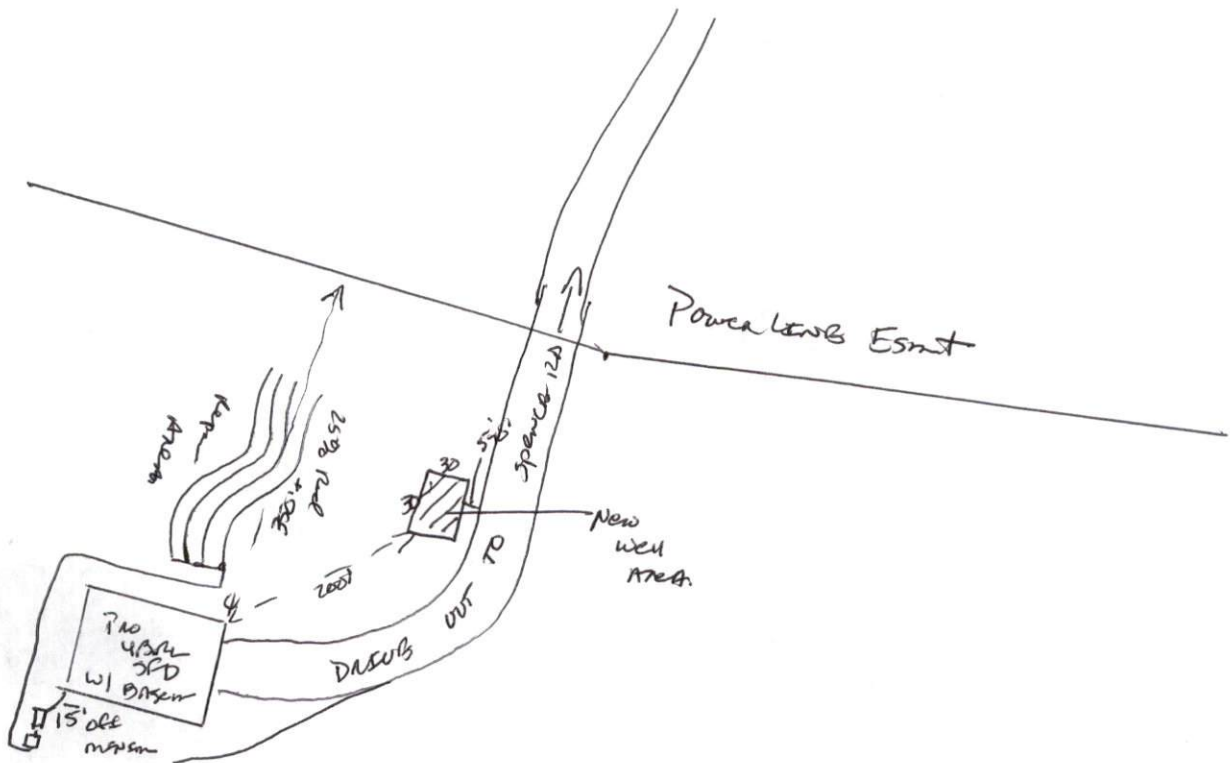
Authorized State Agent: James E. Markham JR. PE Date: 6-28-23
Construction Authorization Expiration Date: 6-28-28

Application # SFD 2305-0113

Harnett County Department of Public Health Site Sketch

Property Location: 31457 Spence RD
Issued To: Davieson Thomas Chatters Subdivision _____ Lot # _____
Authorized State Agent: James C. Markham ^{PH 128MS} Date: 6-20-23

*Contractor to meet onsite prior to install.



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.