Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 255 Yates Mill Dr SR# 1417 SUBDIVISION Wood Bridge South ISSUED TO: New Home Inc REPAIR Site Improvements required prior to Construction Authorization Issuance: EXPANSION Type of Structure: SFD 40x61 Proposed Wastewater System Type: 25% BEDV 4700 Projected Daily Flow: 480 Number of bedrooms: 4 Number of Occupants: 8 Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: Yes X Five years Type of Water Supply: Community Public Well Distance from well ______feet Permit valid for: ■ No expiration Permit conditions: SEE ATTACHED SITE SKETCH 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 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. PROPERTY LOCATION: 255 Yates Mill Dr SR#1417 ISSUED TO: New Home Inc SUBDIVISION Wood Bridge South Facility Type: SFD 40x61 Expansion Repair ➤ New Basement Fixtures? Yes Basement? Yes × No X No Type of Wastewater System** 25% REDUCTION System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable) Number of trenches Installation Requirements/Conditions Septic Tank Size _ 1000 Exact length of each trench __ gallons gallons Trenches shall be installed on contour at a Pump Tank Size 1000 Maximum Trench Depth of: 14-15 (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. __ inches above pipe Follow Consultants cayout 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 SEE ATTACHED SITE SKETCH 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: 8-30-28

Harnett County Department of Public Health Site Sketch



