Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

			TY LOCATION: 41 LIAM L		0.5
ISSUED TO: Smith Dougl			ISION Harrington Pla	ice	LOT # 35
NEW REPAIR Type of Structure: 38'x59' S		N 🗆	Site Improvements req	uired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type:		% reduction			
Projected Daily Flow: 360	GPD				
Number of bedrooms: 3	Number of Occup	pants: 6max			
Basement Yes X No					
Pump Required: XYes No	May be requ	ired based on final location a	and elevations of facilities		
Type of Water Supply: Commu	unity X Public	☐ Well Distance from	wellfeet	Permit valid for:	▼ Five years
Permit conditions:	, _				☐ No expiration
Terrine conditions.					
	, ,				
Authorized State Agent::	Mal- h	REH	Date: 09-19-23	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health D	Department in no way guara		The state of the s	cking 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 sh	all not be affected by a change in owner	rship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment a	and Disposal and to conditio	ns of this permit.			
		Constructio	n Authorization		
			or Building Permit)	tion at the control and shall be any forced	ball be installed in presidence
The construction and installation requiremen	nts of Rules .1950, .1952, .1	1954, 1955, 1956, 1957, 1958. an	nd .1959 are incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.					
ISSUED TO: Smith Doug	las Homes	PF	ROPERTY LOCATION: 41 Li	am Dr (SR 1279)	
			IBDIVISION Harrington		LOT # 35
Facility Turn 38'y50' SE	D		Expansion Repair	11000	
Facility Type: 38'x59' SF					
Basement? Yes X		ctures? Tyes No)		
Type of Wastewater System**	pump to 25	% reduction		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [)				
	pump to 25	5% reduction	(Repair)		
Installation Requirements/Condition	ions	Number of trenches 1	AT 455 16		
Septic Tank Size 1000	gallons	Exact length of each tre	The state of the s	Trench Spacing: 9	Feet on Center
					inches
Pump Tank Size	gallons	Trenches shall be install			
		Maximum Trench Depth		(Maximum soil cover shall	
		(Trench bottoms shall be	e level to +/-1/4"	36" above the trench bot	ttom)
		in all directions)			
Pump Requirements:	ft TDH vs	GPM			inches below pipe
Tump requirements.				Aggregate Depth:	inches above pipe
				Aggregate Deptil.	
Conditions:	4				inches total
WATER LINES (INCLUDING ID					
MAICH LINES (INCLUDING IN	RRIGATION) MUST	BE 10FT. FROM ANY PAR	RT OF SEPTIC SYSTEM OR I	REPAIR AREA.	
-			RT OF SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN IN	NITIAL OR REPAIR	DRAIN FIELD AREA.			
-	NITIAL OR REPAIR	DRAIN FIELD AREA.			this permit.
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NO UTILITIES ALLOWED IN IN **If applicable: 1 understand the	NITIAL OR REPAIR I	DRAIN FIELD AREA.			this permit.
NO UTILITIES ALLOWED IN IN **If applicable: I understand the Owner/Legal Representative Sign	NITIAL OR REPAIR system type specified nature:	DRAIN FIELD AREA. If is different from the type	e specified on the application	. I accept the specifications of	
NO UTILITIES ALLOWED IN IN **If applicable: 1 understand the	NITIAL OR REPAIR system type specifie nature: prevocation if the site plan,	DRAIN FIELD AREA. If is different from the type plat, or the intended use changes. T	e specified on the application The Construction Authorization shall not	Date:	
NO UTILITIES ALLOWED IN IN **If applicable: I understand the Owner/Legal Representative Sign This Construction Authorization is subject to	NITIAL OR REPAIR system type specifie nature: prevocation if the site plan,	DRAIN FIELD AREA. If is different from the type plat, or the intended use changes. T	e specified on the application The Construction Authorization shall not	Date:	ownership of the site. This
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NO UTILITIES ALLOWED IN IN **If applicable: I understand the Owner/Legal Representative Sign This Construction Authorization is subject to	NITIAL OR REPAIR system type specifie nature: prevocation if the site plan,	plat, or the intended use changes. To the Laws and Rules for Sewage Tr.	e specified on the application The Construction Authorization shall not eatment and Disposal and to the condit	Date: Date: Date: De transferred when there is a change in sons of this permit. Date: Date: Declarations of	ownership of the site. This

Harnett County Department of Public Health Site Sketch

Property Location: 41 Liam Dr (SR 1279) Issued To: Smith Douglas Homes Subdivision Harrington Place Lot # 35 Date: 09-19-23 Authorized State Agent: PLAT: S04°39'42"W CTUAL: N04°39'27"E 100.00' 100.00 N85°20'12"W 200.00 51.0 35' FRONT SETBACK DW ACTUAL: S04°39'29"W PLAT: S04°39'42"W V 100.00' 100.00'

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