## App# SFD 2309-0089 SR, old Hamilton Rd, 1776

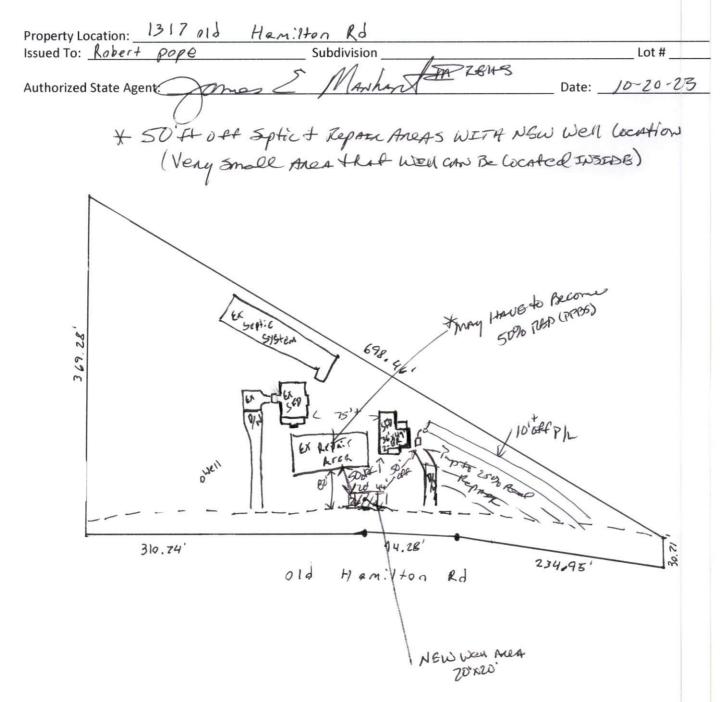
## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: Robert Pope  PROPERTY LOCATION: 1317 Old Hamilton Rd  SUBDIVISION  LOT #
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO 36' x 49'
Proposed Wastewater System Type: 25% (VGD) Color
Projected Daily Flow: 240 GPD
number of bedrooms: ————————————————————————————————————
Basement Yes No May be required based on final location and elevations of facilities
Pump Required: Yes No May be required based on final location and elevations of facilities  Type of Water Supply: Community Well Distance from well
Permit conditions:  No expiration
MA TERMS
Authorized State Agent: Date: 16-70-73 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 of 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, .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: Robert Pope PROPERTY LOCATION: 1317 Old Hamilton Rd
SUBDIVISION LOT #
Facility Type: SFD 36 x 49 Mew Expansion Repair
Basement? Yes No Basement Fixtures? Yes No  Type of Wastewater System** 25% 76007637000 Supplying the System Supplying Supplying the System Supplying Su
Type of trademater system
(See note below, if applicable ) Pump to 25% REPORTED System (Repair)
Installation Requirements/Conditions Number of trenches
Septic Tank Size / DOO gallons Exact length of each trench 170 feet Trench Spacing: Feet on Center
Pump Tank Size gallons
Maximum Trench Depth of: 20->18 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom)
in all directions)
Pump Requirements:ft. TDH vsGPM inches below pipe
Aggregate Denth: 7 inches above nine
Conditions: 50 off Any part of Septic system wart well. 12 inches total
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.
**   applicable:   understand the system type specified is different from the type specified on the application.   accept the specifications of this permit.
applicable. I understand the system type specimed is different from the type specimed on the application. I accept the specimental of this perime.
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.
CALL AND PEAS
Authorized State Agent: Date: 10-20-23  Construction Authorization Expiration Date: 10-20-28
Construction Authorization Expiration Date: 10-20-28

Application # SFP 2307 - 0089

## Harnett County Department of Public Health Site Sketch



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