

HTE# REPAIR

Harnett County Department of Public Health

29740

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _____

ISSUED TO: _____ SUBDIVISION _____ LOT # _____

NEW ☐ REPAIR ☐ EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: _____

Proposed Wastewater System Type: _____

Projected Daily Flow: _____ GPD

Number of bedrooms: _____ Number of Occupants: _____ max

Basement ☐ Yes ☐ NoPump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feetPermit valid for: ☐ Five yearsPermit conditions: _____ ☐ No expiration

Authorized State Agent: _____ Date: _____ 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: Tony Kimbrell PROPERTY LOCATION: 45 NORTH KELLY CT
SUBDIVISION KELLAM ESTATES LOT # 39Facility Type: EXT. SFD ☐ New ☐ Expansion ☒ RepairBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ NoType of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD(See note below, if applicable ☐)25% REVOCATION SYSTEM (Repair)Installation Requirements/ConditionsSeptic Tank Size EXISTING gallons

Pump Tank Size _____ gallons

Number of trenches 1Exact length of each trench 225 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18-36 inches

(Trench bottoms shall be level to +/-1/4"

in all directions)

Trench Spacing: 9 Feet on CenterSoil Cover: 6-24 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

Conditions: SEE SITE SKETCH FOR ALL DETAILS & CONDITIONS _____ 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.

****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: REHS Date: 10/31/17Construction Authorization Expiration Date: 10/31/22

HTE# REPAIR

Permit # 29740

Harnett County Department of Public Health Site Sketch

ISSUED TO: TONY KIMBRELL PROPERTY LOCATOR: 45 NORTH KELLEY CT
SUBDIVISION KELLY ESTATES LOT # 39

Authorized State Agent: ~~REDA (OLIVER TOLKSON)~~ Date: 10/31/17

* START LINE AS SHALLOW
AS POSSIBLE

* HAVE PIPE THROUGH
ANY CROSSINGS
OF EXISTING
DRAIN LINE

* CALL WITH ANY
QUESTIONS PRIOR
TO INSTALLATION

