## 30353

# HTE#BCOMIBI2-0001 Harnett County Department of Public Health

Improvement Permit

A duilding permit cannot be issued with only an Improvement Permit
ISSUED TO: CWCP HOLDINGS INC SUBDIVISION LOT #
NEW X REPAIR
Type of Structure: BATHEROM FACILITY (20×24)
Proposed Wastewater System Type: CONNENTIONAL
Projected Daily Flow: GPD
Number of bedrooms: Number of Occupants:1 O Omax
Basement
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 feet Permit valid for: Five years Permit conditions: No expiration
Authorized State Agent:  Date: 12 28 18  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: CWCP HOLDINGS INC PROPERTY LOCATION: 1096 PATTERSON RO
Facility Type: RESTEDOMS (20724) New Expansion Repair
Basement?  Yes No Basement Fixtures? Yes No
Type of Wastewater System**  CONVENTIONAL (Initial) Wastewater Flow: 500 GPD
(See note below, if applicable
CONVENTIONAL (Repair)
Installation Requirements/Conditions  Number of trenches
Septic Tank Size 2000 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: 6-12 inches
Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements:ft. TDH vs GPM inches below pipe
Aggregate Depth: inches above pipe
conditions: SEE ALL NOTES AND CONDISIONS ON SITE SKETCH inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. IO 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.
wner/Legal Representative Signature:
is 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
onstruction 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.
uthorized State Agent: Date: 12 28 18
Constinution Authorization Expiration Date: 12 28 23
The state of the s

### Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 1096 PATTERSON RD
ISSUED TO: CHCP HOLDINGS INC SUBDIVISION LOT #
Authorized State Agent: Parts (OLIVER TOLKS DOCT) Date: 12/28/18
* MEET ON SITE WITH  CONTRACTOR & OWNER  TO FINALIZE TANK  PLACEMENT + DRAIN  FIELD LAYOUT  * GRAVEL DRAIN LINES
ACCEPTED PRODUCTS. / REPAIR
#INCREASED TANK FORMIN LINE REGULETED! BY APPLICANT  PAVILLION
ao Rest
GIFT SÓ ->
PATIERSON RD.

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section Sheet: Property ID: Lot #: File #: Code:

## SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner:	Applicant:			
Address:		Date Evaluated:		
Proposed Facility:	RESTROBINS	Design Flow (.1949): 500000	Property Size:	
Location of Site:	<b>\</b>	Property Recorded:		
Water Supply:	N Public	□ Individual □ Well	☐ Spring	Other
Evaluation Method:	☐ Auger Boring	Pit 🔲 Cut		
Type of Wastewater	r: Sewa	ge Industrial Process	☐ Mixed	

P					Toccss				
R O F			SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	7.2	0-48	G s	VFIL NS/NA					5.8
2		0.40	G S	VFR NS/NP					
		40-218	BKSCL	VFD US/49 FO SS/49			,		PS .5
3				- (					5, 7
>		0-28	6 5	ver no lap					2 0
- NE - II									
			11-2-10						

Initial	Repair System	Other Factors (.1946): $\rho_e$
System	/	Site Classification (.1948): 1
		Evaluated By: 65
CCN	Can	Others Present:
5	3	3340994133553033500
	System	System