

HTE# 1807-0036

# Harnett County Department of Public Health

30204

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Moss Homebuilders PROPERTY LOCATION: 540 MOUNT VISTA DR  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 NEW  REPAIR  EXPANSION   
 Type of Structure: SFD (54'x54') Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Proposed Wastewater System Type: 25% REDUCTION SYSTEM  
 Projected Daily Flow: 360 GPD  
 Number of bedrooms: 3 Number of Occupants: 6 max  
 Basement  Yes  No  
 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 100 feet Permit valid for:  Five years  
 No expiration  
 Permit conditions: \_\_\_\_\_

Authorized State Agent: [Signature] REHS Date: 8/8/18 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: Moss Homebuilders PROPERTY LOCATION: 540 MOUNT VISTA DR  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Facility Type: SFD (54'x54')  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable  25% REDUCTION SYS (Repair))

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	
Pump Tank Size _____ gallons	Exact length of each trench <u>120</u> feet	Trench Spacing: <u>9</u> Feet on Center
	Trenches shall be installed on contour at a	Soil Cover: <u>6-12</u> inches
	Maximum Trench Depth of: <u>18-24</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4" in all directions)	36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		_____ inches below pipe
Conditions: _____		Aggregate Depth: _____ inches above pipe
		_____ 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: [Signature] REHS Date: 8/8/18  
 Construction Authorization Expiration Date: 8/8/23

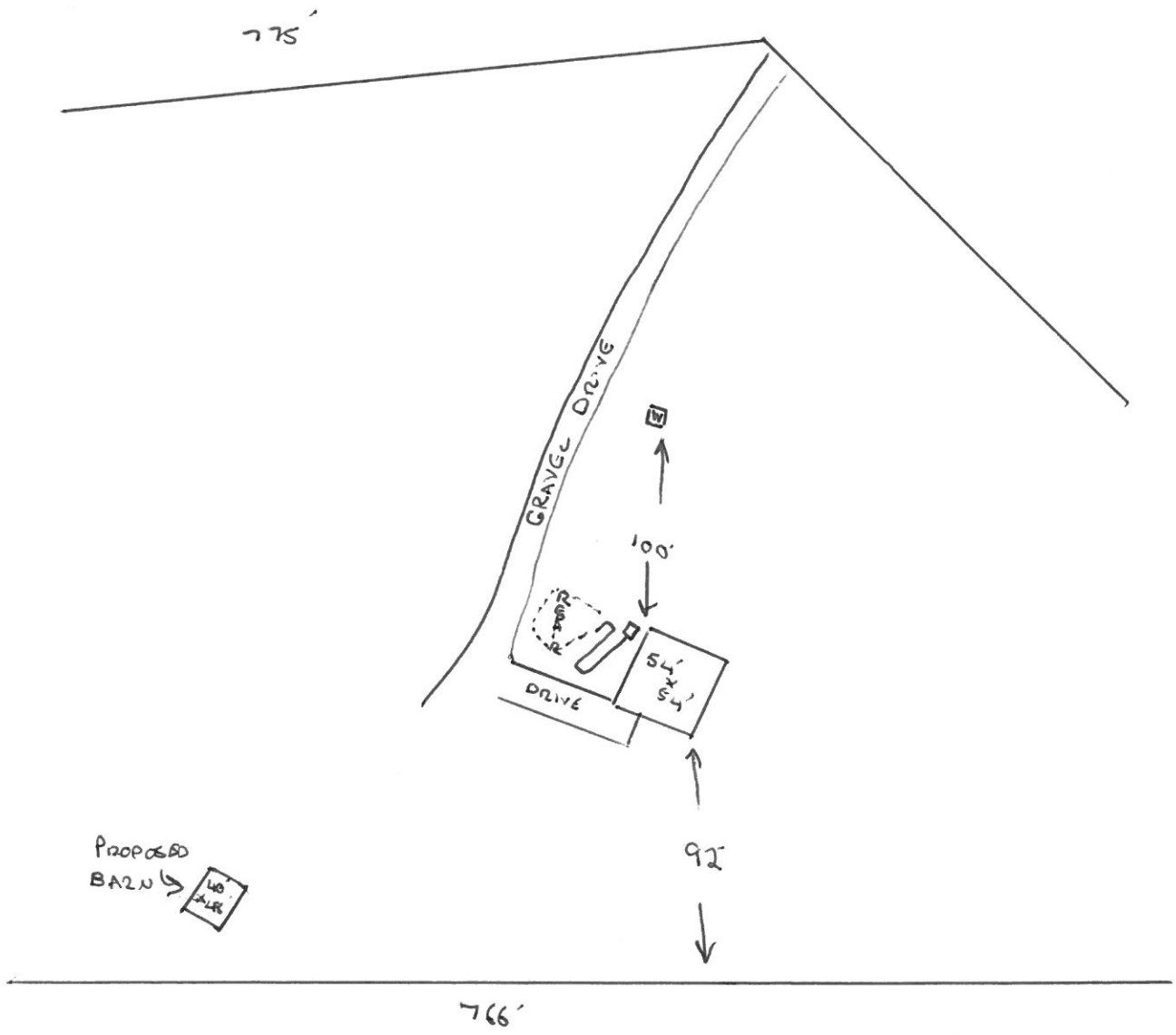
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Permit # 30204

# Harnett County Department of Public Health Site Sketch

ISSUED TO: Moss Homebuilders PROPERTY LOCATION: 540 Mount Vista Dr.  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: [Signature] REIS (OLIVER TOLKSDORF) Date: 8/8/18



\*SYSTEM FLARGED  
\*CALL WITH ANY QUESTIONS  
PRIOR TO INSTALLATION

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

Owner:                      Applicant:  
 Address:  
 Proposed Facility: 3802M                      Date Evaluated:  
 Location of Site:                      Design Flow (.1949): 360 gpd                      Property Size:  
 Water Supply:                       Public  Individual  Well                       Spring                       Other  
 Evaluation Method:  Auger Boring                       Pit                       Cut  
 Type of Wastewater:                       Sewage                       Industrial Process                       Mixed

P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS	0-10	GS	VFN NS/MP					
		10-22	SBK SCL	Fn ss/SP					PS .4
2		0-5	GS	VFN NS/MP					
		5" 5"	SBK C	F1 s/p	10727/22.23"				US
3		0-24"	GS	VFN NS/MP					
		24-36"	SBK SU	Fn ss/SP					PS .4
4-7		0-58	GS	VFN NS/MP					SS

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): S Evaluated By: GS Others Present: 1
Available Space (.1945)	✓	✓	
System Type(s)	25% RLD		
Site LTAR	.8	.8	

1x120 e 18.24"