HTE# BRES 1908-0012 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1560 WIRE RO ISSUED TO: MIGUEL FLORES SERRIO SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD(36"× 72) Proposed Wastewater System Type: 25% REDUCTION SYSTEM 360 Projected Daily Flow: ____ Number of Occupants: Number of bedrooms: Basement Yes No 🏊 Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well _______feet Five years Permit valid for: Permit conditions: -☐ No expiration Authorized State Agent::

Date: 230 M

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance seather 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 PROPERTY LOCATION: 1500 WIRE RD ISSUED TO: MIGUEL FLORES SERRIO SUBDIVISION Expansion Basement Fixtures? Yes Basement Fixtures? | Yes | No | System | (Initial) Wastewater Flow: 360 | GPD Type of Wastewater System** (See note below, if applicable

) Installation Requirements/Conditions Number of trenches Exact length of each trench 300 Septic Tank Size ♥♥♥ gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: _____1C_ inches , (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM inches below pipe Conditions: 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: 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. Authorized State Agent: _ Construction Authorization Expiration Date:

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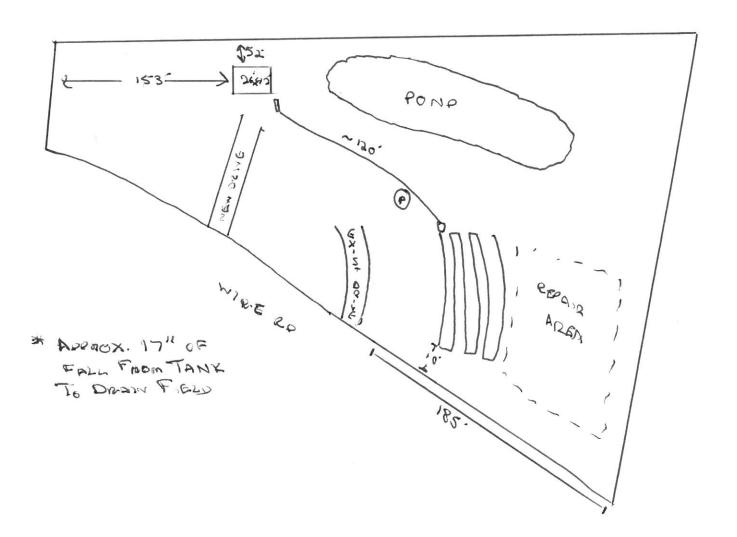
Permit # _ 30212

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: 1560 WIRE & LOT #______

PROPERTY LOCATON: 1560 WIRE & 30 18



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: 3	305W	Design Flow (.19	949):36042	Property Size:	
Location of Site:		Property Record		rioperty Dize.	
Water Supply:	Public	Individual	☐ Well	☐ Spring	☐ Other
Evaluation Method.		☐ Pit	Cui		- Oulei
Type of Wastewater:	D Sewa	ge 🔲 Inc	dustrial Process	☐ Mixed	

P R O F I	.1940 Landscape	Horizon	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #	Position/ Slope %	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
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Description	Initial	Repair System	Other Factors (.1946):
Available Space (.1945)	System	1-5	Site Classification (.1948):
System Type(s)	35%	260	Evaluated By:
Site LTAR	.3	-3	odicis i iesciii.
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