HTE# 14-5-32801 Harnett County Department of Public Health

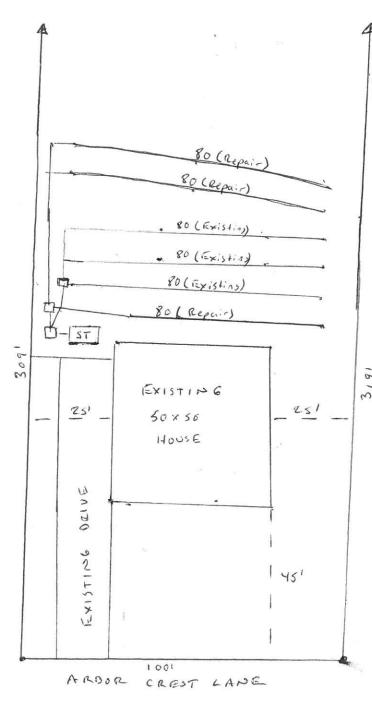
Improvement Permit

A building permit cannot b	issued with only an Improvement Permit	
ISSUED TO: Edward Bert Wallace SU	ERTY LOCATION: 32/ Arbox Crest Ln. (512 N	x 27 E.)
NEW REPAIR EXPANSION EXPANSION O	DIVISION A-bor Crest	LOT # _//_
Type of Structure: 382 560	Site Improvements required prior to Construction Authorization	1 Issuance:
Proposed Wastewater System Type: 25% Reduction System		
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupants: 6 max		
Basement Yes The Northber of Occupants.		
Pump Required: ☐Yes ☐ No ☐ May be required based on final location	and alauntians of facilities	
Type of Water Supply: Community Public Well Distance fr	m well feet Permit valid for:	Five years
Permit conditions:		
_		☐ No expiration
Ameter teller, ne		
Authorized State Agent: Qans & Mashan from 105	Date: 12-19-16 SEE ATTACHED	SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other perm	s. The permit holder is responsible for checking with appropriate governing bodies in meeting	g their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permi	shall not be affected by a change in ownership of the site. This permit is subject to complia	ince with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit		
Construct	on Authorization	
	for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958		e installed in accordance
with the attached system layout.	0000000000 000000000 0 10000000 0 1000000	The state of the s
ICCURD TO TO TO A DOCUMENT	DESCRIPTION 22: A)	(0 NY 7
ISSUED TO: Edward Bert Wallace	PROPERTY LOCATION: 321 A-bor Crest 21. C	312 PC 67 Ears
	SUBDIVISION 14 rbor Crest	_ LOT # <i>/_</i> _
	Expansion Repair	
Basement? Yes No Basement Fixtures? Yes		
Type of Wastewater System** 25% Reduction S	75 ton (Existing) (Initial) Wastewater Flow: 3	360 GPD
(See note below, if applicable □)	33.	
25% Reduction System	OCW) (Repair)	
Installation Requirements/Conditions Number of trenches	3	
Septic Tank Size 900 - 1000 gallons Exact length of each	rench 86 feet Trench Spacing: 9 Feet	on Center
Pump Tank Size gallons		
Maximum Trench Dep		ceed
(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
	Aggregate Depth:	_ inches above pipe
Conditions:		inches total
		Section 50 (50 x 50 x 50 x 50 x 50 x 50 x 50 x
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY P	DT OF CEPTIC CYCTEM OD DEDAID ADEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	INT OF SETTIC STSTEM ON NET AIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.		
**If applicable: I understand the system type specified is different from the t	pe specified on the application. I accept the specifications of this pe	ermit.
2 77 1	, , , , , , , , , , , , , , , , , , , ,	
Owner/Legal Representative Signature:	Date:	
Owner/Legal Representative Signature:	The Construction Authorization shall not be transferred when there is a change in ownershin	of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage		CHED SITE SKETCH
Authorized State Agent: 2000 E Manhorst	= RAds	
MULIIVITZEU STATE ABEILL Janes / Marais	Date: 12-12-16 n Authorization Expiration Date: 12-19-21	
tonstructi	Authorization Expiration Date: 12-19-21	

Harnett County Department of Public Health Site Sketch

ISSUED TO: Edward Best Wallace SUBDIVISION As bor crest LOT # 11

Authorized State Agent: Date: 12-18-16



- * Meet Installer on site prior to install
- * New System 181 depth Max
- 4 Split System Utilizing existing space closest to house
- * 25% Reduction System
- Y Utilize existing septice System (let system dry out First)
 - ¥ Multi- DBOX System

 Septic > DBOX > New System

 ¥ Existing System
- Place System as tight to existing system as contour will allow on account of Soil/landscape limitations.

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: Wallace Applicant: Edw	va wallact		
Address: 321 Arbor Crest CA	Date Evaluated: 12/13/16		
Proposed Facility: 3BR 14002e	Design Flow (.1949): 3669c1/27	Property Size:	B.98
Location of Site: Arbor Crest	Property Recorded: Y		0 70
Water Supply: Publi	□ Individual □ Well	☐ Spring	☐ Other
Evaluation Method: Auger Boring	☐ Pit ☐ Cut		
Type of Wastewater: Sewa	ge Industrial Process	☐ Mixed	

P R O F	.1940 Landscape Position/ Slope %	Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L-3%	0-28		670 5558 SEXP.			_	_	PS
		28-36	BK/C	F. SPSEX	54R71 @36	36+		-	0.4
							18		
2	1-2%	6-24	Sg. / S	Fr. 5559 569-		24+		_	
			* ROCK	@ '24 A	leed Pits For	Fron	Repo	ا مار	
3	L-2%	0-20	60. 16	Fr. 5358 3545					PS
		28-32	BK/sch	Pi 5 8 5 Exp	S NO 7/1 @ 32	321			0.4
			850						
4	L-2%	0-78	61.1LS	F1. 5550 Sty		200	-		85
		28-32	BK/scc	FISPSER	5427/1032	32+			0.4
5	L-2%	0-26	61.16	Fr. 5361 854	-				PS
	-	16-34	BK/SCL	Fis CSEX	7.54271@34	34+			0.4

Description	Initial System	Repair System	Other Factors (.1946): were Site Classification (.1948): Provisionally suitable
Available Space (.1945)	WA		Evaluated By: 10 des
System Type(s)	M	75% red.	Others Present:
Site LTAR	M	6.4	Others Present: James Manhoot, News