HTE# 17-5-42676

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# Harnett County Department of Public Health

LOT #

## **Improvement** Permit

	A building permit cannot be issued with	h only an Improvement Permit
(	PROPERTY LOCAT	TION: RAVRO
ISSUED TO: GOURD SPRINGS B	DAPTIST GIVERA SUBDIVISION	LOT #
NEW REPAIR D EXP/	PANSION 🗆	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: CHURCH		a stanting from the bolistication nationization issuance.
Proposed Wastewater System Type: PumeTo	25% REDUCTION SUSTEM	

Projected Daily Flow: 2755	GPD	
Number of bedrooms:	Number of Occupants: 551 max	
Basement 🗆 Yes 🔀 No		
Pump Required: 🖂 Yes 🗆 No	May be required based on final location and elevations of facilities	
Type of Water Supply:  Community Permit conditions:	y 🔀 Public 🗆 Well Distance from well feet Permit valid for:	☐ No expiration
		- NO expiration

Roms Authorized State Agent :: \_ 3 19 18 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.

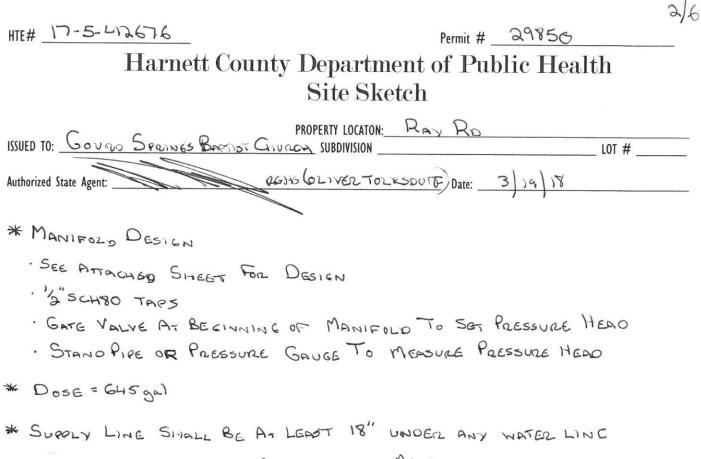
## Construction Authorization

#### (Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .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: GOURD DERINGS BAPTI	T CHURCH PROPERTY LOCATION: RA	4 Ro
	SUBDIVISION	
Facility Type:	New Expansion Repair	
Basement? 🗆 Yes 🛛 🔀 No 🛛 Basement Fix	xtures? 🗆 Yes 🗆 No 🤇 (m.	ANIEALD
Type of Wastewater System** PumeTo	xtures? [] Yes [] No (M. 25% REDUCTION SUSTEM	(Initial) Wastewater Flow: 2755 GPD
Pume To	25% RED, SYS (Repair)	
Installation Requirements/Conditions	Number of trenches 4 (Repair)	TH CENTEL PEED MANIFOLD)
Septic Tank Size 3191 gallons	Exact length of each trench 350 feet	Trench Spacing: 9 Feet on Center
Pump Tank Size 2)30 gallons	Exact length of each trench $350$ feet 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 +/-1/4"	
	in all directions)	ener opplenden heren solennen
Pump Requirements: <u>61.5</u> ft. TDH vs. <u>38</u>	GPM	inches below pipe
		Aggregate Depthy inches along it
Conditions: PREINSTALLATION CO.	VFERENCE REQUIRED ON SITE	WITH inches total
BUILDING CONTRACTOR, SERVIC	INSTALLER, AND H.C. HEALTH D	EPARTMENT
WATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I	DRAIN FIFI D AREA	LI AIR ARLA.
**If applicable: I understand the system type specified	d 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 b	e transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of	of the Laws and Rules for Sewage Treatment and Disposal and to the condition	ins of this permit. SEE ATTACHED SITE SKETCH
the start of the second		1
Authorized State Agent:	Rens Date:	3/19/18

3/19/23 Construction Authorization Expiration Date:



\* CONFIRM ALL OBTAILS AT PREMISTALLATION MEETING

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM				I I F	Sheet: Property ID: Lot #: File #: Code:		x	i	
Locati Water Evalua	:	Applicant	t: Date F Design Proper Public In	Evaluated: n Flow (.1949): rty Recorded:	Cut	Oth	er		
P R O F I .1940		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	57	0.32	GŞ						
		32-48	SOKEL						
Э		024	GS				74		
		36-248	65						
3		0-48	GS						
4		0-278	65						

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948):
Available Space (.1945)			Evaluated By:
System Type(s)			Others Present:
Site LTAR			