03-5-5810

HARNETT COUNTY HEALTH DEPARTMENT

1019817

IMPR VEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit

from the Harnett County Health Department."
Name: (owner) OVAIL RUN HOMES New Installation Septic Tank
Property Location: SR# 2042 RANDOZ-MOLAMBRO Repairs Nitrification Line
Subdivision Lot #
Tax ID # Quadrant #
Number of Bedrooms Proposed: 3 Lot Size: 2.035AC
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other Pump To PRESSURE MANIFOLD TO 25% RED SYS
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of ditches 5 exact length width of depth of of each ditch ft. ditches 3 ft. ditches in.
French Drain Required: Linear feet
This permit is subject to revocation if site plans or intended use change. Date: Signed: Signed: Environmental Health Specialist
*SEE AMACHED DRAWING
* MAINTAIN AND SETANCES

*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

* G" OF COVER DEEDED OVER DRAIN FIELD

HARNI COUNTY HEALTH DEPARTM F AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19817. This					
authorization shall be valid for a period not to exceed five (5) years from the date of issuance					
This authorization will be invalid if ownership, site plans, or intended use change. QUALL RUN HOMES 919-776-2477					
Telephone#					
3239 HWY87S SANFORD NC 27330					
Property Location SR# Road Name Road Name					
Property Location SR# Road Name					
Subdivision Lot # Bedrooms Proposed Lot Size					
Lot # # Bedrooms Proposed Lot Size					
TYPE OF SYSTEM					
New Installation [] Repair Septic Tank Nitrification Lines					
[] Conventional Other Pump To Pressure MANIFOLD To 25% RED. Sys.					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.					
Septic Tank 1000 Pump Chamber 1000					
NITIRFICATION FIELD SPECIFICATIONS					
Number of fields / # of lines per field 5 Length of lines FERMIT Ft.					
Width of ditches ft. Depth of ditches inches					
French Drain: Linear feet required Depth of gravel					
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.					
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William I was a second of the					
Signature of Authorized Agent for Harnett County of Harnett Date					
Date					

Mark Ann Rene Wallace F. ..erty

epair	111111111111111111111111111111111111111	Color	Drainline	Measured Field	
	#		Length(ft)	Line Length (ft)	/ \
Initial	1	В	70	82	/ \
Initial	2	W	70	79	/ \
Initial	3	R	65	66	\
Initial	4	Y	55	60	\
Initial	5	В	50	57	\
N/A Papair	6 7	W B	0	63	\
Repair	8	M	60 75	62 75	\
Repair	9	R	85	85	\z
Repair	10	В	80	82	
Repair	10	Total:	630	711	24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Total:	030		1
ontour	(30 12 gpd/s	off un inch	-manifold In even length li es max. Innov.)	N/20/20/20/20/20/20/20/20/20/20/20/20/20/	
				House	
			16	tous	

Pressure Manifold Design Criteria

Initial System

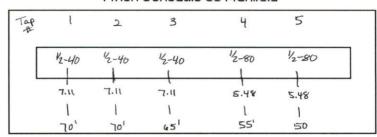
Line Number	Line Color	Drainline Length(ft)	Tap Size/ Schedule	gpm/tap	gpd/ft	(gpd/sqft)
1	В	70	1/2" sch 40	7.11	1.132	0.377
2	W	70	1/2" sch 40	7.11	1.132	0.377
3	R	65	1/2" sch 40	7.11	1.220	0.407
4	Υ	55	1/2" sch 80	5.48	1.111	0.370
5	В	50	1/2" sch 80	5.48	1.222	0.407

Total Drainline= 310

Total Flow= 32.29

Pressure Head (ft)=	2
Daily Flow	360
Total Flow (gpm)=	32.29
Target LTAR (gpd/sqft)=	0.4
LTAR + 5%	0.42
Daily PRT(min)=	11.15
Dose Vol (gal)=	151.82
Dose PRT (min)=	4.70

4 Inch Schedule 80 Manifold



with Pipe Vol at % 75