## HTE# 14-5-3306

## Harnett County Department of Public Health

**Improvement** Permit

A building permit cannot be issued v	vith only an Improvement Permit
PROPERTY LO	CATION: 24/27
ISSUED TO: CHARLES WICKMAN SUBDIVISION	LOT # <u></u>
NEW 🔀 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: MOO (24'X46')	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: <u>360</u> GPD	
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max	
Basement 🗆 Yes 🔀 No	
Pump Required: $\Box$ Yes $\searrow$ No $\Box$ May be required based on final location and ele	vations of facilities
Type of Water Supply: 🗆 Community 💢 Public 🗖 Well Distance from well _	100 feet Permit valid for: 🔀 Five years
Permit conditions:	No expiration
	·
	3 20 14 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The per	nit 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 b the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	e affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construction A	uthorization
Required for Buil) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959	
with the attached system layout.	are incorporated by references into this permit and shall be met, systems shall be installed in accordance
ISSUED TO: CHARLES WICKMAN PROPER	TY LOCATION: 24/27
	nsion 🗀 kepair
Basement?  Yes No Basement Fixtures? Yes No	210
Type of Wastewater System** _25% REDUCTION SYSTE	$\leq \infty$ (Initial) Wastewater Flow: $3 \zeta \odot$ GPD
(See note below, if applicable $\Box$ )	
(see note below, in appreader ) 25% REDUCTION	(Repair)
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1000 gallons Exact length of each trench _	40 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on	

- unp - unit 5120		Maximum Trench Depth of: $18-24$ inche (Trench bottoms shall be level to $+/-1/4$ "	s (Maximum soil cover shall not exceed 36" above the trench bottom)
		in all directions)	)
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, plan or the intended use changes. The Construction Authoriza	ation shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and	d to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization Ex	Date: 3/2014 xpiration Date: 3/2019

HTE# 14-5-33061	Permit # _ <del></del>	1909
Harnett Coun	ty Department of Public	e Health
	Site Sketch	
ISSUED TO: CHORLES WICKMAN	PROPERTY LOCATON: <u>24/27</u> SUBDIVISION	LOT #
	LEHS (OLIVER TOLKSDORD) Date: 3)2.	•
	Sof Right Right Eastern ENT Right Right Eastern ENT NILL Repart DRIVE Row DR	

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM Owner: Applicant: Address: Date Evaluated: Proposed Facility: Design Flow (.1949): 3( Property Recorded: Water Supply: Public Individual We Evaluation Method: Auger Boring Pit Type of Wastewater: Sewage Industrial Pro-				ell Cut	g 🗌 Oth	ler			
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
	5-7	0-24	63	NEURAN					5.8
			<u></u>						
9		046	GS	NEC 03/04					8 8
•3		0-11	Gs	VFA Ng'ik					9_8
4		0 30	ÇS	VFR Ng/NP					5.3
					5 				
								918 bet - 1 al an an an an an	
Deserie				agir System					

Description	Initial	Repair System	Other Factors (.1946):
-	System		Site Classification (.1948);
Available Space (.1945)	J	1	Evaluated By: O
System Type(s)	254	2(10	Others Present:
Site LTAR	8 .	. 8	