

HTE# 08-5-204092

Harnett County Department of Public Health

24831

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Jemmy ALLEN Fracloth PROPERTY LOCATION: SR1727 SUGGS RD
 NEW REPAIR EXPANSION SUBDIVISION WATTS CROSSING II LOT # 2
 Type of Structure: DWMA Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION System
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 100-50 feet
 Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: James E. Markham Date: 8-12-08 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, .1957, .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: Jemmy ALLEN Fracloth PROPERTY LOCATION: SR1727 SUGGS RD
 Facility Type: DWMA New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
25% REDUCTION System (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 2
 Pump Tank Size _____ gallons Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 30-18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
2 inches above pipe
 Conditions: _____ 12 inches total

**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, 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Markham Date: 8-12-08
 Construction Authorization Expiration Date: 8-12-13

**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner: _____
 Address: *200 Mt St*
 Proposed Facility: *[Handwritten]* Design Flow (.1949): *360*
 Location of Site: _____
 Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

Applicant: *685-284072*
 Date Evaluated: *8-5-6-11-08*
 Property Size: *1.53*
 Property Recorded: _____

Profile #	1940 Landscape Position/Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/Texture	1941 Consistence/Mineralogy	1942 Soil Wetness/Color	1943 Soil Depth (IN.)	1944 Saprolite Class	1945 Restr. Horiz.	
1	L 4%	0-10	SL	FR GR NSNP					.3
		10-48	SC clay	FR 1 ^m BK S.P.	44 ¹⁰⁰				
2	L 4%	0-12	SL	FR GR NSNP					.3
		12-48	SC clay	FR 1 ^m BK S.P.	46 ¹⁰⁰				
3	L 4%	0-12	SL	FR GR NSNP					.3
		12-48	SC clay	FR 1 ^m BK S.P.					
4	L 4%	0-12	SL	FR GR NSNP					.3
		12-48	SC clay	FR 1 ^m BK S.P.					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	<i>7502</i>	<i>7502</i>
Site LTAR	<i>-3</i>	<i>-3</i>

Other Factors (.1946): _____
 Site Classification (.1948): *P.S*
 Evaluated By: *[Signature]*
 Others Present: _____