## HTE# 16-5-38465

## Harnett County Department of Public Health

28790

**Improvement** Permit

A building permit cannot be issued wit		
SUNES PROPERTY LOCA	ITION: PINE HILLS	
ISSUED TO: SOUTHERSTERN CONST. OF CREEK SUBDIVISION	PINE HILLS	LOT #
NEW REPAIR EXPANSION Type of Structure:	Site Improvements required prior to Construction Authori	ization Issuance:
Type of Structure: SFD (52 -70)		
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No		
Pump Required: 🗆 Yes 🛛 🗖 No 👘 🗆 May be required based on final location and eleva	ations of facilities	N (
Type of Water Supply: 🗆 Community 📈 Public 🗆 Well Distance from well	100 feet Permit valid for:	Five years
Permit conditions:		□ No expiration
		inter este automation
	1 1	
Authorized State Agent:: RGHS Date:	4 2916 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	t holder is responsible for checking with appropriate governing bodies in	meeting their requirements. This

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)

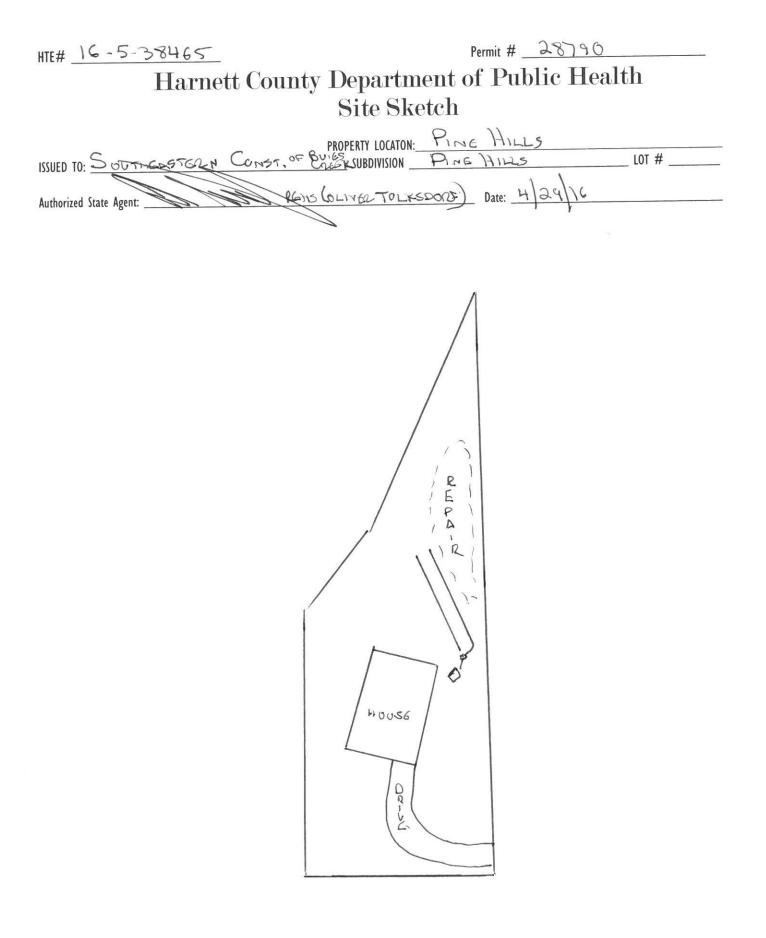
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: SOUTHEDESEAN CONST.	BUIES D.		
ISSUED TO: DOWTHERESEAN CONST.			
	SUBDIVISION PINE	HILLS LOT #	
Facility Type: <u>SFO(55700</u> ) Basement? <u>Yes</u> No Basement Fixtu Type of Wastewater System** <u>25%</u>	_ 🖳 New 🖵 Expansion 🗆 Repair		
Basement? 🗆 Yes 📈 No 🛛 Basement Fixtu	ires? 🗆 Yes - 🗠 No		
Type of Wastewater System** 25% Re	EOVERIUM SYSTEM	(Initial) Wastewater Flow: <u>366</u> GP	D
(See note below if applicable )		5	
25%	RED DY3 (Repair)		
Installation Requirements/Conditions	RED S-3 (Repair) Number of trenches 2	$\sim$	
Septic Tank Size 1000 gallons	Exact length of each trench $\underline{1 \odot \odot}$ feet	Trench Spacing: Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>C</u> inches	
	Maximum Trench Depth of: 18 inches	(Maximum soil cover shall not exceed	
	(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
	18	Aggregate Depth: inches above	pipe
Conditions:		inches	

## 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: / 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	here 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: QEHS Date: Construction Authorization Expiration Date:	6



Department of Environment, Health and Natural Resources Sheet:   Division of Environmental Health Property ID:   On-Site Wastewater Section Lot #:   SOIL/SITE EVALUATION File #:   for ON-SITE WASTEWATER SYSTEM Code:   Owner: Applicant:   Address: Date Evaluated:   Proposed Facility: Design Flow (.1949): Code:   Vater Supply: Property Recorded: Property Size:   Water Supply: Public Individual Well   Evaluation Method: Auger Boring Prit Cut   Type of Wastewater: Sewage Industrial Process Mixed									
P R O F I .1940				RPHOLOGY 1941		OTHER OFILE FACTOR	S		
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	55 2.5	UN	CIS	VFR USING					
		343-432	طالد كمروز	KR SS/NP					P5-5
									8
2		0-36	GLS	VFn N3) NP					
		36-36	SBX SXL	FR 55/NP					15.5
					· · · · · · · · · · · · · · · · · · ·				
3	5-71	0-1	GUS	with my					
		ાર,	SBX CI	ra 5/2			-		rs .35
		29-58	SBX SCI	to selsp					
4		0.32	GS	VIER rolad					
		32-48	58 71 5()	gular vera					P5 .25
							-		
J		0-28	G S SBX SLLY	VFN NJAP	10-1 3 20- 40				P5.45
L	L	1							

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948)
Available Space (.1945) System Type(s)	Pre	237, 259	C Evaluated By:
Site LTAR	1.5	-5 .45	
Jx)	10 e 18	" on poring	AINS SIDE