## Harnett County Department of Public Health

HTE#05-5-1126912

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A building namit gange be inved with only an Insurance Denvit
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: WADE STERIJENSON RD
ISSUED TO: STAJEMENT CUSTOM HOMES SUBDIVISION FIELDSTONE FARMS LOT # 2
NEW-PC REPAIR
Type of Structure: $SFO(72 \times 66)$
Proposed Wastewater System Type: PUME TO 25%, REDUCTION (PRESSURE MANIFOLD)
Projected Daily Flow: 480 GPD
Number of bedrooms: Number of Occupants: max Basement □Yes
Pump Required: XYes INO May be required based on final location and elevations of facilities
Type of Water Supply: $\Box$ Community $\bowtie$ Public $\Box$ Well Distance from well $200$ feet Permit valid for: $\bowtie$ Five years
Permit conditions: No expiration
Authorized State Agent:: SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of entry 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.
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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: STATEMENT CUSTOM HOMES PROPERTY LOCATION: WADE STEPHENSON RO
Facility Type: <u>SEO(72×66)</u> A New Expansion A Repair Basement? A Yes A No Basement Fixtures? A Yes A No
Iype of Wastewater System**
Installation Requirements/Conditions Number of trenches 6
Maximum Trench Depth of: 12 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 GPMinches below pipe
Continue SEC New Construction State Provide Aggregate Depth: inches above pipe
conditions: DEL ATTACAED SMEETSO/ FOR STELLAN, SYSTEM inches total
Conditions: <u>SEE ATTACHED SINEESS(3)</u> For SITE PLAN, SUSTEM inches above pipe LAXOUT, AND SUSTEM SEECIFICATIONS
WATER LINES (INCLUDING IRRIGATION) MUST BE TUFT. FROM ANT 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.
<u>wappicause</u> and the system type spectree is uncerent nom the type spectree on the appication. I accept the spectrications of this permit,
Owner/Legal Representative Signature: Date:
Owner/Legal Representative Signature: Date:
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization Expiration Date: 13 39
Construction Authorization Evolution Date: (13)79

## **FIELDSTONE LOT 2**

Project No. 7513.S1

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Street of

n er ander	OR 3 BEDR FLAG				N. W. M. S.	FLAGGED	April 1, 200: DESIGN
LINE #	COLOR	<u>BS</u>	Ш	<u>FS</u>	LEVATIO		LINE LENGTE
TBM	1966	3.2	2 <del></del>		100.00		<u></u>
INSTR. 1			103.20		- 390 <b>M</b> ARA		
*1A	PINK	WRAP	AROUND	2.80	100.40	33	30
*1 <b>B</b>	RED	WRAP	AROUND	3.10	100.10	51	50
*2	BLUE			3.60	99.60	65	65
*3	YELLOW			3,90	99.30	81	80
*4	PINK			4.20	99.00	85	85.
*5	BLUE			4.70	98,50	70	70
*6	RED			5.20	98.00	50	50
		5.8			20100		50
1	PINK			2.00	101.20	55	53
2	RED			2.30	100.90	66	63
3	BLUE			2.70	100,50	70	64
4	YELLOW			3.00	100.20	72	69
5	ORANGE			3.20	100.00	72	72
6	PINK			3.40	99.80	66	60
7	RED			3.50	99.70	60	60
8	BLUE			3.70	99.50	55	50
9	YELLOW			4.00	99.20	46	46
10	ORANGE			4.30	98.90	38	34
11	BLUE			4.50	98.70	33	29
					Total	1002	1030
				SOIL			
	LINE	LTAR	SYSTEM	LTAR	INNOVATIVE	2	
	<b>LENGTH</b>	GPD/FT <sup>2</sup>	TYPE	GPD/FT <sup>1</sup>	<b>SYSTEM</b>	ISTRIBUTION	
* System	430'	0.31	CONV.	0.31	GRAVEL	Pressure	
						Manifold	
Repair	600'	0.12	Innov.	0.12	GRAVEL	LOW	
					PR	ESSURE PIF	۶F

Notes: \*\* TBMI BASE OF CORNER POST/TBM2 EDGE OF ROAD

\*\*TBM is assumed to be 100'.

\*\*All measures in feet.

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\*\*Nitrification lines are demonstrated on contour via colored pin flags.

\*\*BS, HI, and FS indicate rod readings.

## FIELDSTONE LOT 2 SYSTEM

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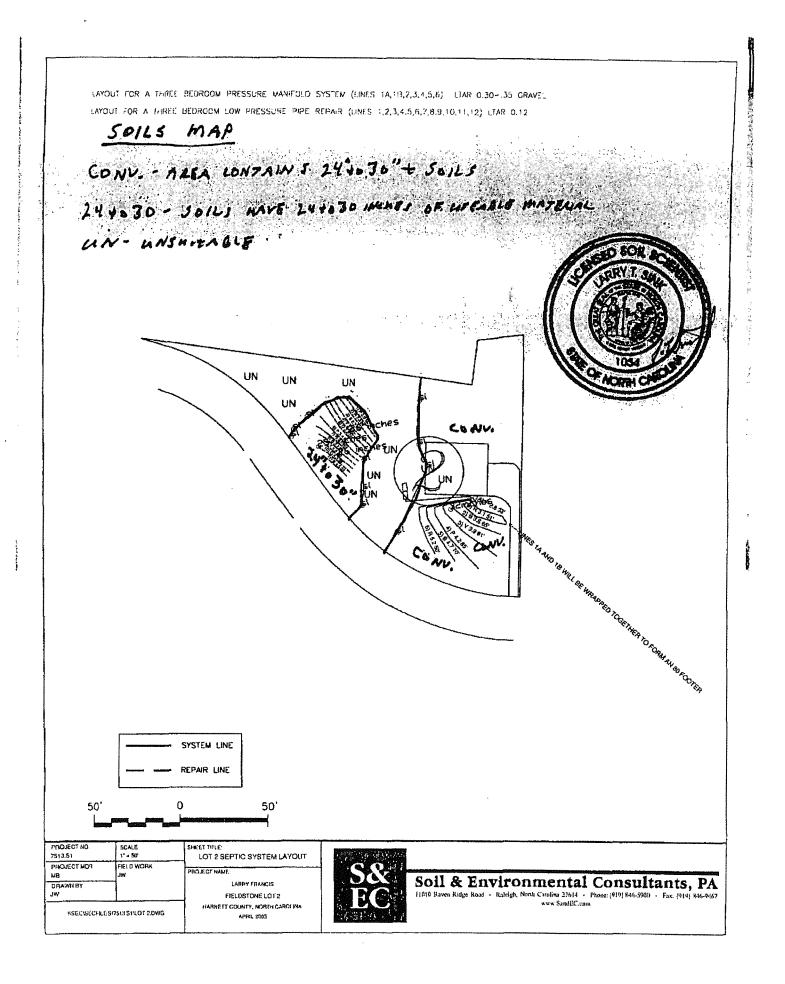
Line #	Color	Elevation	Length	Hole Size	Flow/Tap	apd	Trench Area	Line LTAR
1A/1B	PINK/RED	2.8 & 3.1	80	SCH 80 3/4	10.1	72.72	240	0.30
2	BLUE	3.6	65	SCH 40 1/2	7.11	51.19	195	0.26
3	YELLOW	3.9	80	SCH 80 3/4	10.1	72.72	240	0.30
4	PINK	4.2	85	SCH 80 3/4	10.1	72.72	255	0.29
5	BLUE	4.7	70	SCH 40 1/2	7.11	51.19	210	0.24
6	RED	5.2	50	SCH 80 1/2	5.48	39.46	150	0.26
	total	feet =	430	gal/min =	50			
			Des, Flow	360				
			Pump Run=	7.20				
			soll LTAR	0.31				

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100% Dose Volume	279.83			
Percent Dose Volume	80%			
Total	223.86			
Pump Run Time	4.48			



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