HTE# 09-5-21888

Harnett County Department of Public Health

25140

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

| ISSUED TO/ Charlene Colfred | PROPERTY LOCATION: SC 1609 Day Crash 105 | |
|---|--|--|
| / | SUBDIVISION N.V. STAPHANSON | LOT # <u>/4</u> |
| NEW ☑ REPAIR ☐ EXPANSION ☐ Type of Structure: | Site Improvements required prior to Construction Authori | zation Issuance: |
| Proposed Wastewater System Type: ZS96726000000 | | |
| Projected Daily Flow: 360 GPD | A April Continue - | |
| Number of bedrooms: 3 Number of Occupants: 6 | max | |
| Basement Tyes No | III da | |
| | nal location and elevations of facilities | |
| | istance from well feet Permit valid for: | Five years |
| Permit conditions: TUN WATER (THE 10 Off | | ☐ No expiration |
| IZUN PIL OUT OF Septic Artely | 20 / | — ··· •·• |
| | | |
| Authorized State Agent: Janes & Manhant | Date: 4-20-09 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 holder is responsible for checking with appropriate governing bodies in | meeting their requirements. This |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | ment Permit shall not be affected by a change in ownership of the site. This permit is subject to | compliance with the provisions of |
| | | |
| Cons | struction Authorization | |
| | (Required for Building Permit) | |
| | (Negarieu for buriding Fermit) 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. | 777, 1770, and 1777 are incorporated by references into this period and small be met. Systems | snan be instance in accordance |
| resum to Charles O. Marl | | ~ . |
| ISSUED TO: Chanleve Colfred | PROPERTY LOCATION: SA 1609 Day Crack SUBDIVISION N.V. STEPHENSON | 140 |
| | | LOT # _ <i>_/4/</i> |
| Facility Type: New | ew 🖵 Expansion 🗆 Repair | |
| Basement? Yes No Basement Fixtures? Yes | 2/No | |
| Type of Wastewater System** 25% REDUCTION Accep | OTEST) System (Initial) Wastewater Flow: | 360GPD |
| (See note below, if applicable □) | | |
| 25% il EDVERON (AC | | |
| Installation Requirements/Conditions Number of tree | | |
| | 1 0 | Feet on Center |
| Pump Tank Size gallons Trenches shall | l be installed on contour at a | nches |
| Maximum Tren | nch Depth of: <u>ZZ</u> inches (Maximum soil cover shall n | ot exceed |
| (Trench botton | ms shall be level to $+/-1/4$ " 36" above the trench bottom | om) |
| in all direction | ons) | , |
| Pump Requirements:ft. TDH vs GPM | 6 | inches below pipe |
| | Aggregate Depth: Z | inches above pipe |
| Conditions: RUN WATERLINE 10 off as | Septic Systa | 12 inches total |
| Conditions: NNN WATERLINE 10 off of NNN Powerline out Taptal K | mb A | menes total |
| 70 7 | | ~************************************* |
| **If applicable: / understand the system type specified is different from | om the type specified on the application. I accept the specifications of ti | his parmit |
| | in the type specified on the appreciation, i accept the specifications of the | ns permit. |
| Owner/Legal Representative Signature: | Date: | |
| 0 1 | use changes. The Construction Authorization shall not be transferred when there is a change in ow | vnershin of the site. This |
| Construction Authorization is subject to compliance with the provisions of the Laws and Rules | | ATTACHED SITE SKETCH |
| | | |
| Authorized State Agent: Dames & MANNA | 110 Date: 4-20-09 | |
| | | |
| / / Lor | nstruction Authorization Expiration Date: <u>4-20-14</u> | |

Harnett County Department of Public Health Site Sketch

| ISSUED TO: Charlene Colfeeld | PROPERTY LOCATON: 50/6 | 09 Dre | |
|--|---|-------------------|---------------|
| | SUBDIVISION <u>N.V.</u> | | |
| Authorized State Agent: | PRANCE | Date: | 4-20-09 |
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Department of Environment, meanin, and reductor resources

Division of Environmental Health

On-site Wastewater Section

Property ID:

Lot #:

File #:

Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

21888 Applicant: Owner:

Address:

Design Flow (.1949): 360

Date Evaluated: 4-/4-07

Proposed Facility:

Property Size:

Property Recorded:

Location of Site: Water Supply:

[] Individual

[] Well

[] Spring

[]Other

Evaluation Method:

[] Auger Boring

[]Pit

[] Cut

Type of Wastewater:

[Sewage

[] Industrial Process

[] Mixed

| P R O | | | SOIL MORPHOLOGY | | PROFILE FACTORS | | | | |
|-------------|---|---------------------------|--|------------------------------------|---------------------------------------|--|-------------------------|-------------------------|----------------------------|
| L E # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | .1941 Structure <i>l</i> Texture | ,1941 Consistence Mineralogy | .1942 Soil : Si Wetness/: Color | | .1956 Saprœ Class | .1944 Restr Horiz | Profile Class & LTAR |
| | L 2% | 0-12 | SL SCL | fa GR ANT fam 175845.P. | 32-34" 754n | | | | . 3 |
| Z | L29 | 0-10 10-58 | 5L SC- CL | FR 6 R NONP From 1 Fox 5.P. | 30. 32° - Wing | | | | ٠ گ |
| 3 | L 220 | 0-18 | 8L SC -C194, | 6 GN N31 P Fm 13843 5 | B+30 75 100 | | | | -25 |
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| Description | Initial System | Repair System |
|-------------------------|----------------|---------------|
| Available Space (.1945) | | |
| System Type(s) | 152 | 283 |
| Site LTAR | , 3 | . 3 |

Other Factors (.1946):

Site Classification (.1948):

Evaluated By:

Others Present: