HTE#11-5-26515

Harnett County Department of Public Health

26564

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A building permit cannot be issued with only an Improvement Permit_____

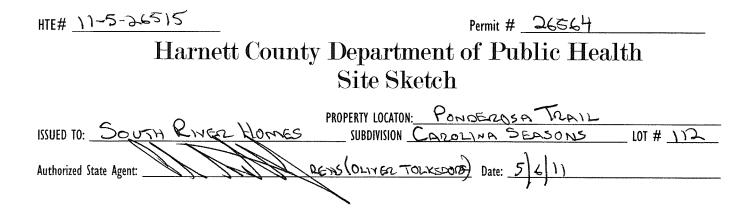
	PROPERTY LOCATION: PONDER	MA IRAIL	
ISSUED TO: SOUTH RIVER HOME		DEASONS	LOT # <u>112</u>
NEW 🙀 REPAIR 🗆 EXPANSION	Site Improvements re	quired prior to Construction Authori	ization Issuance:
Type of Structure: SFD (45×56)			
Proposed Wastewater System Type: 25% REOVC	TION SYSTEM		
Projected Daily Flow: <u>3.60</u> GPD	<u> </u>		
Number of bedrooms: Number of Occupa	ants: <u>6</u> max		
Basement 🗆 Yes 🔀 No			
	ed based on final location and elevations of facilities		\sim
Type of Water Supply: Community Public	\Box Well Distance from well <u>100</u> feet	Permit valid for:	Five years
Permit conditions:			No expiration
fift 11			
	RENS Date: 5C11		ACHED SITE SKETCH
Authorized State Agent::			
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be affected by a change in own	nership 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			

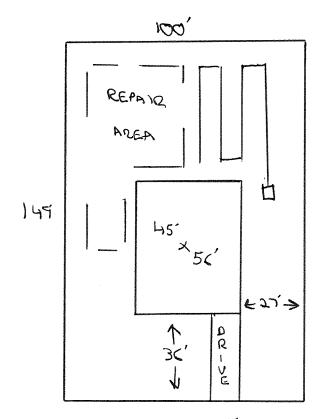
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19		s into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.	,	The and permit and share be med systems	shan be instante in accordance
	Ο.		
ISSUED TO: 500512 RIVER HOM	ES PROPERTY LOCATION: TOP	INFILOSA INATA	
	SUBDIVISION CAROLIN		LOT # <u>\\2</u>
Facility Type: <u>570 (45256)</u>	🔄 📈 New 🖵 Expansion 🛛 Repair		
	ures? 🗆 Yes 🛛 🔍 No		
Type of Wastewater System** 25%	REDUCTION SYSTEM	(Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable 🗆)			
25% RE	DUCTION SUSTEM (Repair)		
Installation Requirements/Conditions	Number of trenches	•	
Septic Tank Size 1000 gallons	Exact length of each trench 300 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u> </u>	inches
	Maximum Trench Depth of: <u>20-30</u> inches		not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bot	tom)
	in all directions)		,
Pump Requirements:ft. TDH vs	,		inches below pipe
r amp negan cincitasit. (201-15		Aggregate Depth:	••
Conditions:			inches total
			menes total

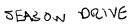
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**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: Da	te:
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 the	e 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: Date: Date: Construction Authorization Expiration Date:	١٤







Own Addr Propu Loca Wate	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: 3 BEOROFF Design Flow (.1949): 300 je d Location of Site: Property Recorded: Water Supply: Public Individual Well					Sheet: Property ID: Lot #: File #: Code: Property Size: Spring Other				
Type R O F I L	of Wastewa	sthod: Auger B swater: Sewage		Auger Boring Pit Sewage Industrial Process		it Cut Process Mixe	Cut Cut Mixed OTHER PROFILE FACTORS			
e #	Position/ Slope %	Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	. 1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	. 1944 Restr Horiz	Profile	
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	<u> </u>	32-48		VER ES) NO					PS (
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Description	1 1.41		
	Initial System	Repair System	Other Factors (.1946);
Available Space (.1945)			Site Classification (. 1948); $P>$
System Type(s)	25-10	2570	Evaluated By: Gr
Site LTAR	. 6	. 6	Others Present:
	i si m	. O . ''	

1×200 @ 20-30