

HTE# 13-5-30531R

Harnett County Department of Public Health Improvement Permit

27281

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: GARY ROBINSON HOMES PROPERTY LOCATION: NC2105
 SUBDIVISION GWEN OAKS LOT # 101
 NEW REPAIR EXPANSION
 Type of Structure: SFD (50'x46')
 Proposed Wastewater System Type: PUMP TO 25% REDUCTION
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 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 feet
 Permit conditions: _____ Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] RENS Date: 3/4/13 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: GARY ROBINSON HOMES PROPERTY LOCATION: NC2105
 SUBDIVISION GWEN OAKS LOT # 101
 Facility Type: SFD (50'x46') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** PUMP TO 25% REDUCTION (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable Pump 25% REDUCTION (Repair))

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size 1000 gallons
 Number of trenches 4
 Exact length of each trench 75 feet
 Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 18 inches
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Soil Cover: 6 inches
 (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches 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: _____ 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: [Signature] RENS Date: 3/4/13
Construction Authorization Expiration Date: 3/4/18

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

Owner: Applicant:
 Address: Date Evaluated: 2/28/13
 Proposed Facility: L30000N Design Flow (.1949): 4400gpd
 Location of Site: Property Recorded:
 Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

P R O F I L E #	.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.)	.1956 Sapro Class	.1944 Restr Horiz	
1	2-5	0-9	G S	VF2 NS/HP					
		9-28	SBK SC	FR SS/SP					PS .4
		28-48	>50%	P.M					
2	R 0-2	0-17	G S	VF2 NS/HP					
		17-31	SBK C	FR SS/SP					PS .4
		31-42	SBK SCL	FR SS/SP					
3	K	0-22	G S	VF2 NS/HP					
		22-31	SBK C	FR SS/SP	10% 7 to 31"				PS .4

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): PS Evaluated By: JS Others Present: -
Available Space (.1945)			
System Type(s)		PUMP 25%	
Site LTAR	.4	.4	

LINE SCHEDULE

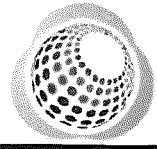
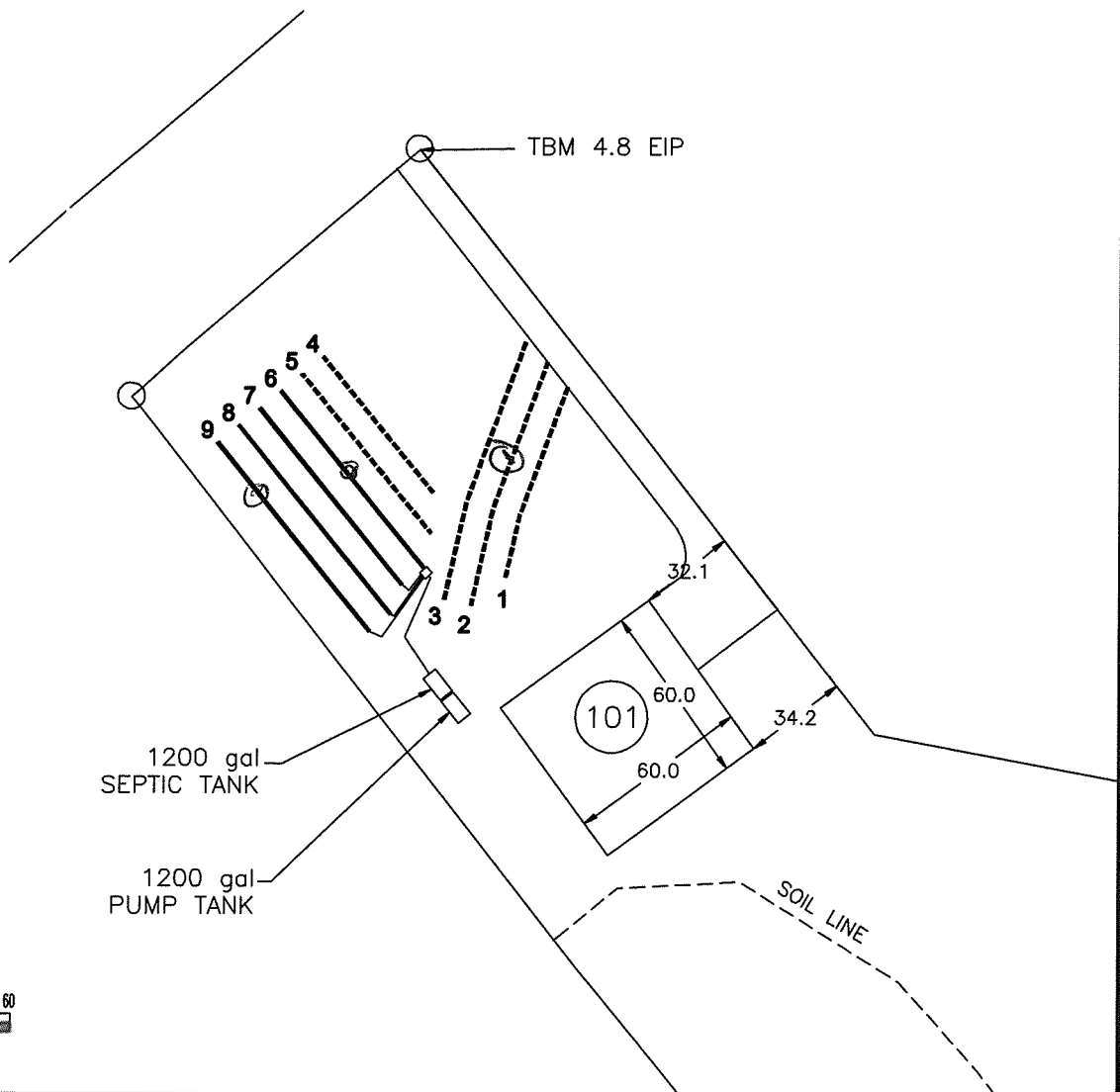
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH
1	PINK	4.7	60'
2	RED	4.3	80'
3	YELLOW	3.6	90'
4	BLUE	1.8	55'
5	PINK	1.9	65'
6	BLUE	2.3	75'
7	PINK	2.5	75'
8	BLUE	2.9	80'
9	YELLOW	3.0	80'

LOT 101 GWEN OAKS

4-BEDROOM INNOVATIVE PUMP TO D-BOX SYSTEM
 LINES 6-9 (4 X 75')
 EZFLOW
 LTAR 0.4

4-BEDROOM PRESSURE MANIFOLD REPAIR
 LINES 1-5
 EZFLOW
 LTAR 0.4

FOR GENERAL USE NOT A SURVEY
 PRELIMINARY NOT FOR CONSTRUCTION



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 NCBSLS Firm No. C-2578

LOT 101
 HWY 210, Anderson Creek, NC
 HARNETT COUNTY
 DATE: 09/01/12 DRAWN BY: TMB CHECKED BY: TMB