Authorized State Agent: _

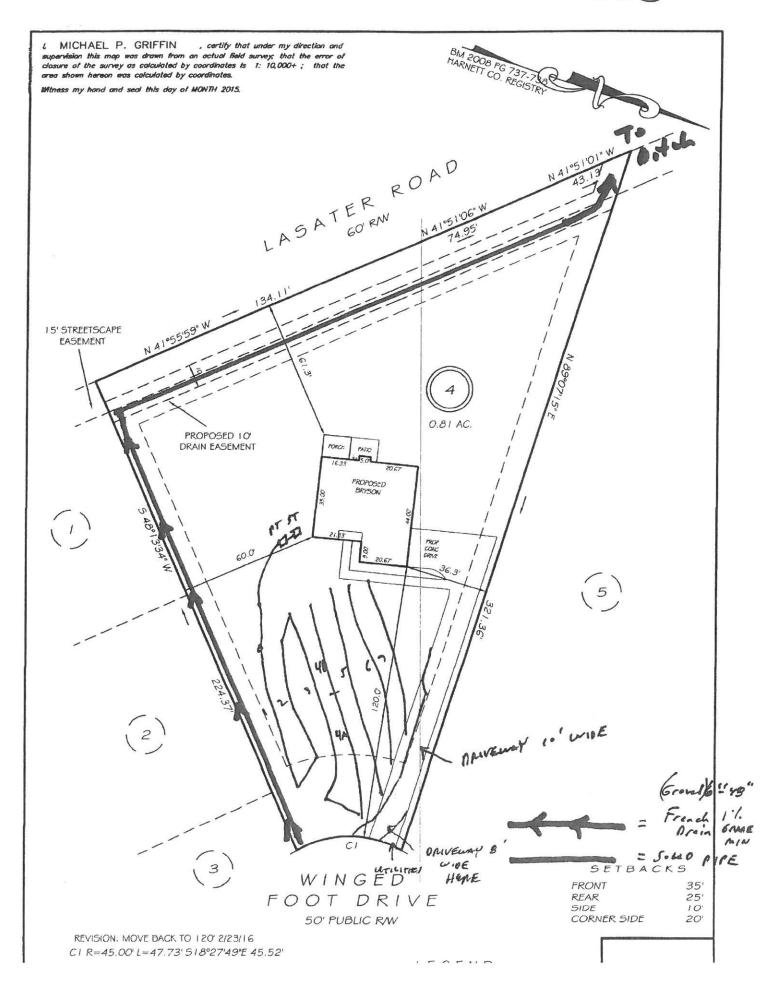
HTE# 15-537639 M2 Harnett Lounty Department of Public Heart

28769

10F3

| 20/09 |
|---|
| Improvement Permit (· Dave Moved |
| A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: WINGES FORTS PROPERTY LOCATION: WINGES FORTS PROPERTY LOCATION: WINGES FORTS |
| THOLERIT EXCHION. |
| ISSUED TO: H+H OPEIRE HOMES SUBDIVISION WALRUT GROVE LOT # 204 |
| NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: SEO (35 x42) Proposed Wastewater System Type: Pump To 25% REDUCTION ALL UTILITIES WILL NEED TO BE RELOCATED ALL UTILITIES WILL NEED TO BE RELOCATED |
| Projected Daily Flow: 360 GPD From Front RIGHT CORNER OF LOT TO |
| Number of bedresses 3 |
| Basement UYes DINO Number of Occupants: 5 max ACCOMADATE 10 DRIVE DIRECT LY ROSACEUT |
| Pump Required: Ares No May be required based on final location and elevations of facilities TO PROPERTY LINE |
| Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years |
| Permit conditions: No expiration |
| 120 00 |
| Authorized State Agent:: Date: 3 22 16 SEE ATTACHED SITE SKETCH |
| Authorized State Agent:: Date: 5 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of the permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This |
| ite is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Person shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of |
| he 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. |
| COURD TO HATH ONSITE HOMES PROPERTY LOCATION WINGER FOR DO |
| SSUED TO: H+H ONSITE HOMES PROPERTY LOCATION: WINGED FOOT DO LOT # 004 |
| Facility Type: 500 (35×40) New Expansion Repair |
| Basement? Yes No. Basement Fixtures? Yes No. |
| Type of Wastewater System** Pume To INFILTORITOR (Initial) Wastewater Flow: 360 GPD |
| See note below if applicable (1) |
| Pump to INFILTANTOR (Repair) |
| nstallation Requirements/Conditions Number of trenches |
| Septic Tank Size 1000 gallons Exact length of each trench 307 feet Trench Spacing: Feet on Center Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches |
| Pump Tank Size gallons |
| Maximum Trench Depth of: 12-14 inches (Maximum soil cover shall not exceed |
| (Trench bottoms shall be level to $\pm /-1/4$ " 36" above the trench bottom) |
| in all directions) |
| Pump Requirements:ft. TDH vs GPM inches below pipe |
| Aggregate Depth: inches above pipe |
| Conditions: PERMY BASED ON PROPOSEL FROM ARPLICANTS SOIL SCIENTIST inches above pipe inches total SCE PATROTED STEETS FOR SITE PLAN AND ALL SOECIFICATIONS |
| SEE ATTROJED SHEETS FOR SITE FLAN AND ALL DECIFICATIONS |
| VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. |
| IO 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. |
| п аррисавие. Ганострано не просени дре престеч по чтетене пот не суре престеч он не аррисации. Гассере не преставион от инпретте. |
| Owner/Legal Representative Signature: Date: |
| Owner/Legal Representative Signature: |
| onstruction 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. |

Construction Authorization Expiration Date:



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

Add 6" COUER OVER SYSTEM

LANASCARE TO SHED WATER

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

| | SUBDIVISI | ON: WALNUT GROVE PUMP TO | | LOT 4 | 4 | |
|-----------|--------------------------|-----------------------------|------------------|--------------------------------|--------------|--|
| | INITIAL SY | STEM: APPROVED 25% RECU | CTION (INFILTRAS | MEPAIR INSUTATION | 25% pequeton | |
| | DISTRIBUTION: SEALAC | | ~~~ | DISTRIBUTION SEMAC | | |
| | BENCHMA | ARK: 100.0 | | LOCATION FC 4/ | <i>'</i> - | |
| | NO. BEDRO | OOMS: 3 | | LTAR O. & GPO/FT | L | |
| | LINE | FLAG COLOR | ELEVATION | LENGTH | | |
| | | | | | - | |
| | 41 | y | 101.42 | 67' | | |
| In. t. al | 3 2 | В | 101.67 | 90 ' | | |
| 473 | (3 | <u>y</u> | 101.34 | 100 | | |
| | LYA | B | 101.08 | 55 ^ | | |
| | | | • | 307' | | |
| | 48 | В | 101.08 | 50' | | |
| | 5 | y | 100.84 | 100' | 0 | |
| | 6 | В | 100.67 | 95 | | |
| | 7 | y | 100.37 | 72' | | |
| | | | | 310' | | |
| | | | | | | |
| | | | | | 1 | |
| | BY MEAKEN | | | DATE 02/2016 | | |
| | TYPICAL PROFILE | | (\mathscr{L}) | THERE SHALL BE NO GRADING, | | |
| | 0-14 US (VFr, aug-) | | w. | CUTTING, LOGGING OR OTHER SOIL | | |
| | 14-27 Sec (Fr/wfshil) | | | DISTURBANCE IN SEPTIC AREA | | |
| | 27-4,+ Secon (Fi, su/ME) | | / */ | PROTECT VERTIC | | |
| | INSTACL AT 12-144 | | * / | MARK FRENCH ARA | N 70 43" | |