## Harnett County Department of Public Health

28753

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NURSERY Re Moss Homeourloses SUBDIVISION ISSUED TO: NEW 🔀 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 GPD Number of Occupants: 6 Number of bedrooms: Basement Yes ☐ May be required based on final location and elevations of facilities Pump Required: ☐Yes No Permit valid for: ■ No expiration Permit conditions: \_\_\_ PET 15 Date: Authorized State Agent:: 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 ISSUED TO: MOSS HOMEBUILDERS PROPERTY LOCATION: NURSERY RO SUBDIVISION \_\_\_\_\_ Facility Type: SEO(CC'>CC') New Expansion Basement? 

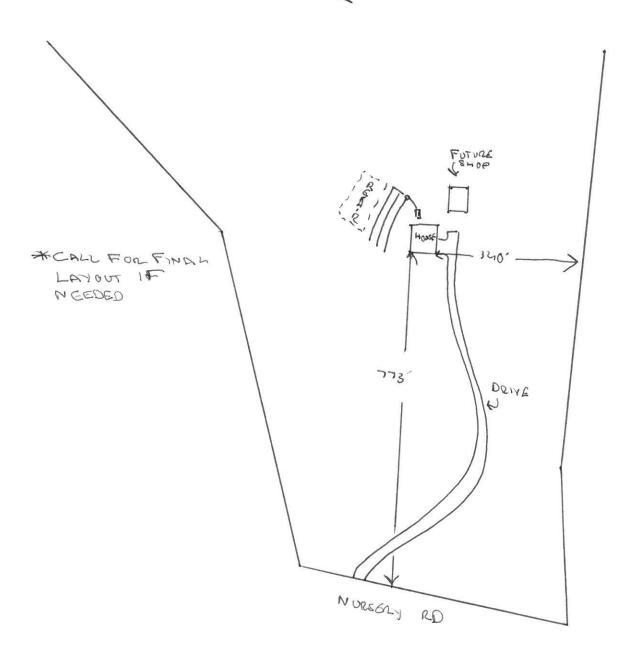
Yes No Basement Fixtures? 

Yes No System (Initial) Wastewater Flow: 

GPD GPD (See note below, if applicable Installation Requirements/Conditions Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18-24 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. GPM inches below pipe Aggregate Depth: \_\_\_\_\_\_ inches above pipe inches total Conditions: 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: 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 precisions 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:

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: N	UNSERY RO		
ISSUED TO: Moss Homesunders	SUBDIVISION		LOT #	
Authorized State Agent:	y (OLIVER TOUSSO	0 (6) Date: 2	18/16	



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

Applicant:

Owner:

Sheet: Property ID: Lot #: File #: Code:

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

Location Water Evalua		د ۲	Date E  ☐ Design  Proper  ☐ Public ☐ In	Evaluated: n Flow (.1949): 36 sty Recorded: dividual	/ell	:: Othe	r	and the state of t	
P R O F I .1940 L Landscape E Position/ # Slope %		SOIL MORPHOLOGY		OTHER PROFILE FACTORS					
	Landscape Position/	ndscape Horizon sition/ Depth	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1-3		0-16	G 5	W (Zi Ar					
		HD	J 60C/r	e 12"					
Þ		0-16	GLS	AW RIM					
		N-38	SBXCL	AL SEASI					P5
		38	bw						
							3)		
5		0-B_	GLS	NEW nZ/NB					0,
		12-36	SBXCL	12 2/26 NEU 12/106	107127 De 263		11		P5 ·3
6.		0-20	645	VED DS/ND					
6		20-40		VFROSIMP FO SSISP					05
		PAO	6w						PS.
	-	-							

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)		V	Evaluated By:
System Type(s)	250	6 RD	Others Present:
Site LTAR	. 3	1.3	