	11 5 20 112 R	
HTE#	16-5-38112 R	/

Harnett County Department of Public Health

28825

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCA	TION: JULY 48 ATKENS	5RD	
ISSUED TO: Poynt DAKS Burlding Group NEW D REPAIR D EXPANSION D	SUBDIVISION	ATTERS Jellage	:	LOT # 7
NEW 🗹 REPAIR 🗆 EXPANSION 🗆		Site Improvements required prio		zation Issuance:
Type of Structure:				
Proposed Wastewater System Type: 25% NGDUZAD	<u></u>			
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occupants:	_max			
Basement 🗆 Yes 🖾 No				
Pump Required: 🗆 Yes 🗆 No 🖾 May be required based on final	location and eleva	ations of facilities		
Type of Water Supply: 🗆 Community 🛛 Public 🔲 Well Dista	nce from well	feet	Permit valid for:	Five years
Permit conditions:				□ No expiration
				and Table Million
	DANT			

Authorized State Agent: Date: <u>4-2-16</u> 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: ROYAL DAKS BUELDESS, E	PROPERTY LOCATION: 51/49	18ATKENS RAS
	SUBDIVISION ATERN	Svellage LOT # 7
Facility Type:	_ 🕑 New 🗆 Expansion 🗆 Repair	8
Basement? 🗆 Yes 🖾 No 🛛 Basement Fixtu		2
Type of Wastewater System** 259, 783	NRON Systen	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable 🗆)	/	
25% 7570	(Repair)	
Installation Requirements/Conditions	Number of trenches Z	0
Septic Tank Size gallons	Exact length of each trench $1 \leq 0$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>24</u> 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
Conditions:		/Z inches total

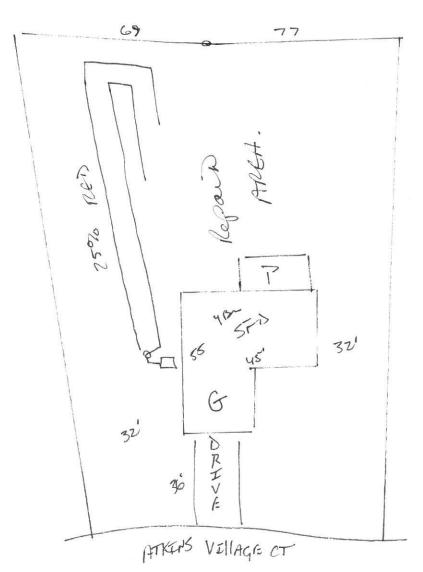
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: / 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.
Authorized State Agent: S Manhan formens Date: Date: Date: Date:

HTE# <u>16-5-38112R</u> Permit # <u>28825</u> Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON SKI448 ATKENS KD	
ISSUED TO: ROYAL DAKS BUELQENG GROUP SUBDIVISION ATKENS VELIME.	LOT #
Authorized State Agent: and EMANHANTERSTR Date: 4-8-16	
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Department of Environment, Health and Natural Resources Sheet: Division of Environmental Health Property ID: Lot #: **On-Site Wastewater Section** File #: Code: SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM Applicant: Rayor onthe Owner: Date Evaluated: 4-4-7-16 SFD Address: Design Flow (.1949): 460 Property Size: Proposed Facility: Property Recorded: Location of Site: Other Public Individual Spring U Well Water Supply: Cut D Pit Evaluation Method: Auger Boring Sewage Industrial Process ☐ Mixed Type of Wastewater: P R 0 OTHER F SOIL MORPHOLOGY **PROFILE FACTORS** .1940 .1941 I .1942 Landscape Horizon L .1943 .1941 .1941 Soil .1956 .1944 Profile Position/ Depth Ε Wetness/ Soil Class Consistence Sapro Restr Slope % (In.) Structure/ # & LTAR Color Depth (IN.) Class Horiz Texture Mineralogy 2-402 12 3 0.40 JL GEGENON? .4. BKSIP 40-49 SCL

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)			Evaluated By:
System Type(s)	752	282	Others Present:
Site LTAR	. 4	-	