HTE# 16-5-38162 Harnett County Department of Public Health

28811

Improvement Permit

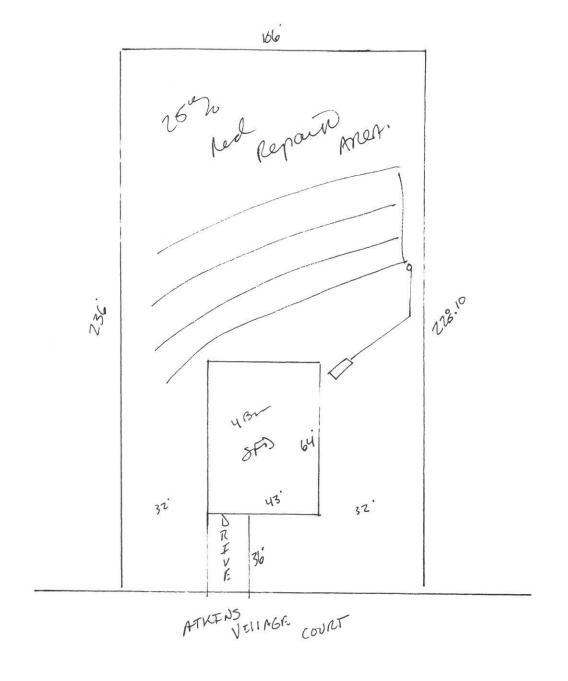
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION STULLY 48 ATKINS RO ISSUED TO: ROYAL OAKS BUSING, GROUP SUBDIVISION ATKINS VEllinge Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: 480 Number of Occupants: 8 max Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: James (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 PROPERTY LOCATION: ON 1448 ATVINS RD
SUBDIVISION ATKINS VILLING ☐ Expansion ☐ Repair Basement? Yes Basement Fixtures? Yes No 25% REDUCTION System (Initial) Wastewater Flow: 480 Type of Wastewater System** (See note below, if applicable \square) Number of trenches 4 Installation Requirements/Conditions Exact length of each trench 80 Septic Tank Size 1000 gallons Pump Tank Size ______ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 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. ____ 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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Authorized State Agent: Construction Authorization Expiration Date: 3 -23-21

HTE#	16-5-	38167

Harnett County Department of Public Health Site Sketch

	PR	OPERTY LOCATON:	511448	ATKINS	SND		
ISSUED TO: Royal Onks Budding	GROVA	SUBDIVISION _				#	3
Authorized State Agent:	E MA	what	C NBOB	Date:	3-23-16		



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

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

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Applicant:) A

Initial

System

184

Description

System Type(s)

Site LTAR

Available Space (.1945)

Repair System

283

Owner: Applicant:							,		
P R O F I .1940 L Landscape E Position/ Slope %		SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS					
	Position/	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1,2,3	C-520	6-30	SL	AGNNSNA					
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				N					
		1 038 - 500				L			

Other Factors (.1946):

Site Classification (.1948):

Evaluated By:

Others Present: