HTE# 16-5-38215 Harnett County Department of Public Health

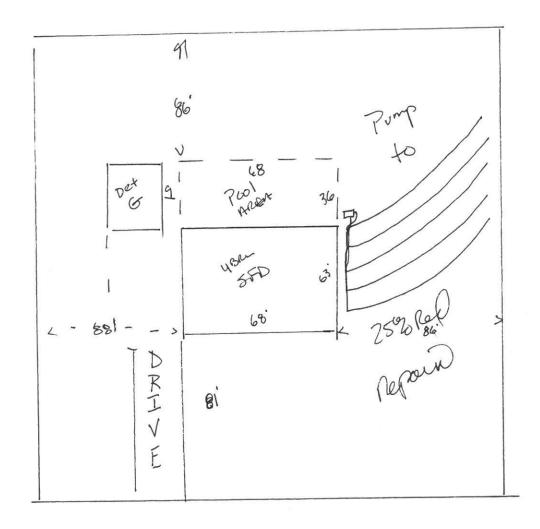
28810

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit					
STOUCO 5 (AN	PROPERTY LOCATION: <u>SC1412</u> Christian Light RD SUBDIVISION LOT # 3					
ISSUED TO: STEVEN S GAY						
NEW ☑ REPAIR ☐ EXPANSIO	N 🗆 Site Improvements required prior to Construction Authorization Issuance:					
Type of Structure: SSD						
Proposed Wastewater System Type: 25% PAN	MITAN					
Projected Daily Flow: 480 GPD						
Number of bedrooms: Number of Occup	ants: 8 max					
Basement ☐Yes ☑ No						
Pump Required: ☐Yes ☐ No ☑ May be requi	red based on final location and elevations of facilities					
Type of Water Supply: Community Public	☐ Well Distance from well feet Permit valid for: ☐ Five years					
Permit conditions:	□ No expiration					
5 -1	1_105AS					
Authorized State Agent:	Date: 3-22-16 SEE ATTACHED SITE SKETCH					
	tees 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 at the site plan, plat, or the intended use ch	hanges. 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 condition	of this permit					
Annual Control of the						
	Construction Authorization					
	(Required for Building Permit)					
	154, .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: STEVEN 5 GAY	PROPERTY LOCATION: 50 1417 Chiedia 1718 RD					
1330ED 10.	PROPERTY LOCATION: 5/1412 Christian Light Ros SUBDIVISION					
Facility Type: SF 13	New					
Basement? Yes No Basement Fixt	ures? 🗆 Yes 🗹 No					
Type of Wastewater System** 25% 7600	CTION System (Initial) Wastewater Flow: 480 GPD					
(See note below, if applicable						
(Pu a) 159	(Repair)					
Installation Requirements/Conditions	Number of trenches S					
Septic Tank Size 1200 gallons	Exact length of each trench 60 feet Trench Spacing: 7 Feet on Center					
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: inches					
	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)					
D	,					
Pump Requirements:ft. TDH vs						
	Aggregate Depth: inches above pipe					
Conditions:	inches total					
WATER LINES (INCLUDING IDDICATION) MILET D	E TOET EDOM ANY DADT OF CEDTIC CYCTEM OD DEDAID ADEA					
	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.					
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN 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.					
11 applicable. I understand the system type specified	is unierent from the type specified on the application. Taccept 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					
	1 1					
Authorized State Agent:	Ma 12 12 Nato: 3-27-11-					
MULIIVITZEU STATE ABEITT.	Construction Authorization Expiration Date: 3-22-21					
	Construction Authorization Expiration Date: 3-22-21					

Harnett County Department of Public Health Site Sketch

	191			PROPERTY LOCATON: BN 1412	Clice	An Loph	RD	
ISSUED TO:	STEVEN	5	GAY	SUBDIVISION			LOT #	3
Authorized St	ate Agent:	m	2	Manhan for TENS	Date:	3-22-1	6	



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

Applicant:

Owner:

Description

System Type(s)
Site LTAR

Available Space (.1945)

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

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Address: Date Evaluated: Proposed Facility: Design Flow (.1949): Property Size: 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								1 .	
L Land E Posit	.1940 Landscape	Horizon		DRPHOLOGY 1941	OTHER PROFILE FACTORS				
	Position/ Slope %	Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1,2	L-69	0-22	5L-C00-	GR GAN SW					
		22-49	JEC: MY	GE 1800					. 4
	, 57								
3	L	0-24	اكل ا	R. ISBNS.P.	+ 17.56e				
		24-48	sacing	R. 18845.P.	42-44 7.1				- 4
									10
				×		8			

Other Factors (.1946):

Others Present:

Evaluated By:

Site Classification (.1948):

Repair System

75 2

Initial

System

2,50%