

HTE# 16-5-38230

# Harnett County Department of Public Health

28771

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: OAKRIDGE

ISSUED TO: LANCASTER, Nancy & Mike

SUBDIVISION EAKER/PATERSON (MIRE BRANCH) LOT # B

NEW  REPAIR  EXPANSION

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SEW (60'x100')

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 max

Basement  Yes  No

Pump Required:  Yes  No  May be required based on final location and elevations of facilities

Type of Water Supply:  Community  Public  Well Distance from well 100 feet

Permit valid for:  Five years  No expiration

Permit conditions:

Authorized State Agent: [Signature] REHS

Date: 3/22/16

SEE ATTACHED SITE SKETCH

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: LANCASTER, Nancy & Mike

PROPERTY LOCATION: OAKRIDGE

SUBDIVISION EAKER/PATERSON (MIRE BRANCH) LOT # B

Facility Type: SEW (60'x100')  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable )

25% RED. SYS. (Repair)

### Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 1

Exact length of each trench 300 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: \_\_\_\_\_ 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

Aggregate Depth: \_\_\_\_\_ inches below pipe

Conditions: FINAL DRAIN FIELD LOCATION & LINE DEPTH TO BE \_\_\_\_\_ inches above pipe

DETERMINED AFTER ON SITE MEETING WITH HOME OWNER & BUILOGR \_\_\_\_\_ 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: 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: \_\_\_\_\_

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

Authorized State Agent: [Signature] REHS

Date: 3/22/16

Construction Authorization Expiration Date: 3/22/21

HTE# 16-5-38230

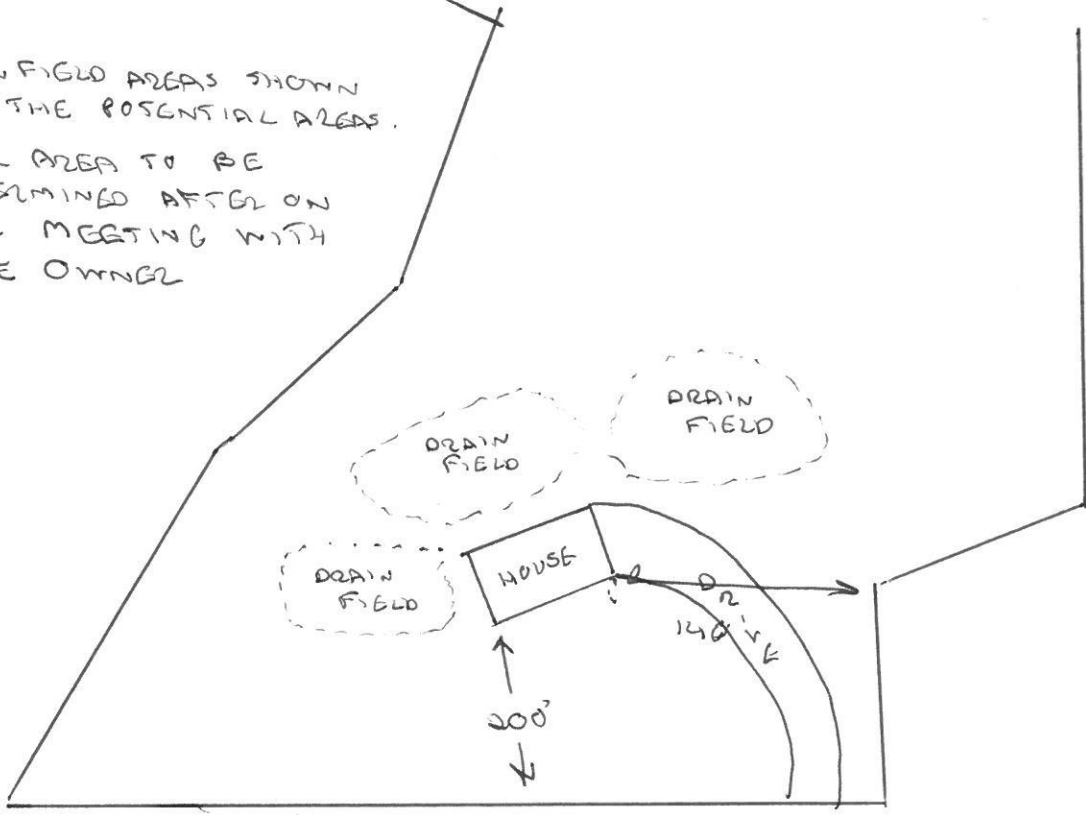
Permit # 28771

# Harnett County Department of Public Health Site Sketch

ISSUED TO: LANCASTER, NANCY & MIKE PROPERTY LOCATOR: OAKRIDGE  
SUBDIVISION EAGER/PATERSON LOT # B

Authorized State Agent: ~~REISS (OLIVER TOLKSDORF)~~ Date: 3/22/16

\* DRAIN FIELD AREAS SHOWN  
ARE THE POTENTIAL AREAS.  
FINAL AREA TO BE  
DETERMINED AFTER ON  
SITE MEETING WITH  
HOME OWNER



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

Owner:                      Applicant:  
 Address:                      Date Evaluated:  
 Proposed Facility: 4300m                      Design Flow (.1949): 430 gal                      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

P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS 2-5	0-10	G SL	VFA NS/MP					
		10-41"	SBK SCL	FL SS/S	0-12/2 @ 32"				PS .4
		BTO 41"							
2		0-39	C S	VFA NS/MP					
		39-24	SBK SCL	FL SS/S					PS .21
3		0-29	G S	VFA NS/MP					PS .4
		29-26	SBK SCL	FL SS/S					
4		0-26	G S	VFA NS/MP					
		26-46"	SBK SCL	FL SS/S	0-22 @ 37"				PS .21

Description	Initial System <input checked="" type="checkbox"/>	Repair System <input type="checkbox"/>	Other Factors (.1946): Site Classification (.1948): <u>PS</u> Evaluated By: <u>ST</u> Others Present:
Available Space (.1945)			
System Type(s)	<u>259</u>	<u>RG</u>	
Site LTAR	<u>25</u>	<u>25</u>	