

HTE# 16-5-38372

Harnett County Department of Public Health

29538

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: SOUTHEASTERN GEN. CON. INC PROPERTY LOCATION: NCHwy210 SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Type of Structure: SFD(90'x48') Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 600 GPD

Number of bedrooms: 5 Number of Occupants: 10 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 _____ feet

Permit conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: [Signature] Date: 6/9/17 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: SOUTHEASTERN GEN. CON. INC. PROPERTY LOCATION: NCHwy210 SUBDIVISION _____ LOT # _____

Facility Type: SFD(90'x48') New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 600 GPD

(See note below, if applicable 25% Red. Sys. (Repair))

Installation Requirements/Conditions

Septic Tank Size 1250 gallons Number of trenches 5

Pump Tank Size _____ gallons Exact length of each trench 70 feet Trench Spacing: 9 Feet on Center

Trenches shall be installed on contour at a Maximum Trench Depth of: 18-20 inches (Maximum soil cover shall not exceed 36" above the trench bottom)

(Trench bottoms shall be level to +/-1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total

Conditions: SEE SITE SKETCH FOR DETAILS

**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] Date: 6/9/17
Construction Authorization Expiration Date: 6/9/22

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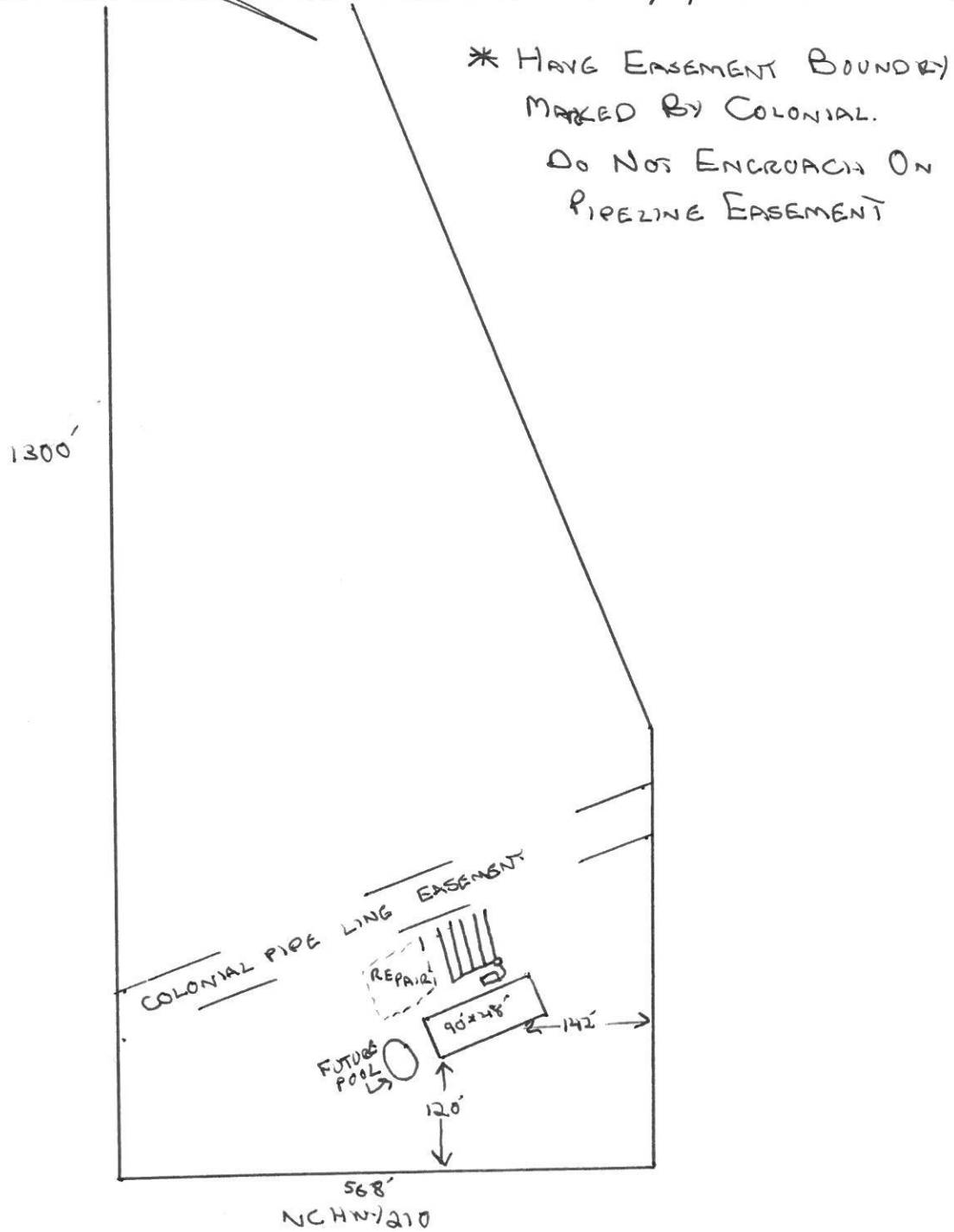
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Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: NCHwy210

ISSUED TO: SOUTHERN GEN. CON. INC SUBDIVISION _____ LOT # _____

Authorized State Agent: ALMS (OLIVER TOLKSOFF) Date: 6/1/17



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

Owner: Applicant:
 Address: Date Evaluated:
 Proposed Facility: 5 Bedrooms Design Flow (.1949): 600 gpd 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	<u>LS</u> <u>0-2%</u>	<u>0-15</u>	<u>G LS</u>	<u>VF2 NS/SP</u>					
		<u>15-39</u>	<u>SBR SCL</u>	<u>F2 SS/SP</u>					<u>PS</u> <u>.45</u>
		<u>39-48</u>	<u>SBR SCL</u>	<u>F2 SS/SP</u>					
2		<u>0-15</u>	<u>G LS</u>	<u>VF2 NS/SP</u>					
		<u>15-39</u>	<u>SBR SCL</u>	<u>F2 SS/SP</u>	<u>10/27/2 @ 39"</u>				<u>PS</u> <u>.45</u>
3		<u>0-12</u>	<u>G LS</u>	<u>VF2 NS/SP</u>					
		<u>12-36</u>	<u>SBR SCL</u>	<u>F2 NS/SP</u>					<u>PS</u> <u>.5</u>
		<u>36-42</u>	<u>SBR SCL</u>	<u>F2 SS/SP</u>	<u>10/27/2 @ 37"</u>				

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): <u>PS</u> Evaluated By: <u>ox</u> Others Present: <u>-</u>
Available Space (.1945)	<u>✓</u>	<u>✓</u>	
System Type(s)	<u>2.5" (16)</u>		
Site LTAR	<u>.45</u>	<u>.45</u>	

5-270' @ 18-20" . VERIFY PIPING SETBACK
 . MUST BE DEMONSTRATED PRIOR TO OX