HTE# 16-5-3839Z

Harnett County Department of Public Health

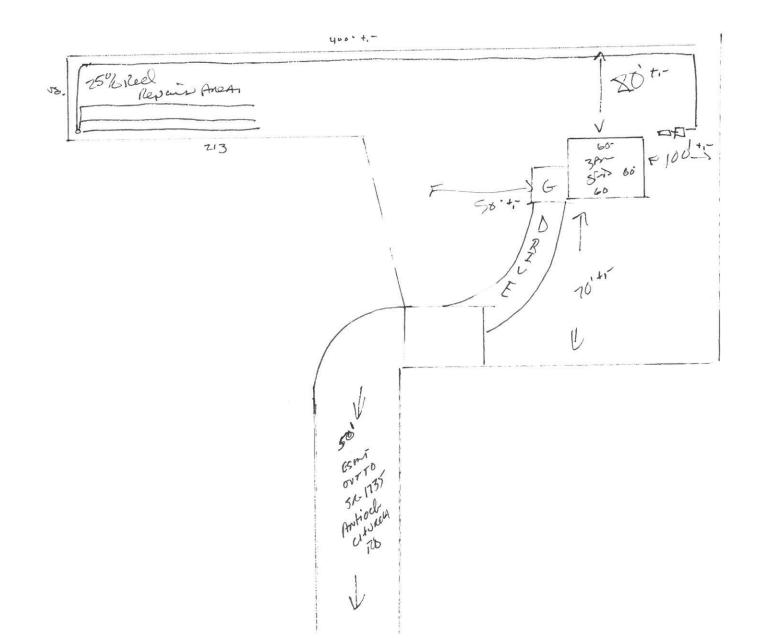
28853

Improvement Permit

A		issued with only an Improvem		10011 7)
ISSUED TO: Zachany Shear		IVISION	5 Antioch CHI	INT # UR
NEW ✓ REPAIR ☐ EXPANSIO	The state of the s		required prior to Construction Autho	rization Issuance:
Type of Structure: SFD	/н 🗆	site improvements	required prior to construction Autho	fization issuance.
Proposed Wastewater System Type: 25% RET	\			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occu	pants: 🗢 max			
Basement 🗆 Yes 🗹 No	pantsmax			
/	ired based on final location	and elevations of facilities		
Type of Water Supply: Community Public			Permit valid for:	Five years
Permit conditions:				☐ No expiration
	1 / 1	reas		
Authorized State Agent::	ANNANTE	Date: 5-9-1	JEE AI	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit sl	. The permit holder is responsible for hall not be affected by a change in o	checking with appropriate governing bodies in ownership of the site. This permit is subject to	a meeting their requirements. This compliance with the provisions of
	Construction	on Authorization	100 - 100 -	
		for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .l with the attached system layout.			ices into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: Zachny Shenn	P	'ROPERTY LOCATION: <u>Sal</u>	735 Antioch C	HUNCH RIS
1-	S			LOT # <u>43</u>
Facility Type:	🗹 New 🖵	Expansion 🗆 Repa	iir	
Basement? Yes No Basement Fix	tures? Yes JN	lo		
Type of Wastewater System** 25% RED	WColor Sys;	t6-	(Initial) Wastewater Flow:	360 GPD
(\aa note below it applicable)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
25% 1231	Warron Syst	(Repair)		
Installation Requirements/Conditions	Number of trenchés	3	2	
Septic Tank Size 1000 gallons	Exact length of each tr	rench 100 feet	Trench Spacing:	Feet on Center
Pump Tank Size /000 gallons	Trenches shall be instal	led on contour at a	Soil Cover:	inches
	Maximum Trench Depth			
	(Trench bottoms shall b		36" above the trench bot	
	in all directions)	ול וכינו נט יין-ווין	JO ADOVE THE LIGHTED DO	.tom)
Pump Requirements:ft. TDH vs			6	lanker kalam alas
rump kedurementsnt. 1Dn vs	drn		A	inches below pipe
Candidana			Aggregate Depth:	inches above pipe
Conditions:	4 4 4 4 4		1 1000	12 inches total
WATER LINES (INCLUDING IRRIGATION) ANDS	DE 1057 EDOM ANY DA	DT OF CEDTIC CUCTELL O	D DEDLIN LDEL	
WATER LINES (INCLUDING IRRIGATION) MUST		KI OF ZELIIC ZAZIEW O	K KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I)RAIN FIELD AREA.			
**If applicable: / understand the system type specified	d is different from the typ	ne specified on the applicati	ion. I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
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 r	not be transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of				ATTACHED SITE SKETCH
Authorized State Agent:	1 1	2- 11		
Authorized State Agent:	Canadaniation	Date	e: <u>5-9-16</u> Date: <u>5-9-21</u>	
	Construction	i Authorization expiration	Date.	

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 56-1735 A	LIOCH CHURCH RIS
ISSUED TO: Zachany Shear	SUBDIVISION	LOT # <u>413</u>
Authorized State Agent: 3 M	napantante Date:	5-9-16



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

Owner:	Applicant:	SHEAN			- 16		
Address:		Dat	e Evaluate	d: つ			
Proposed Facility:	SFD	Des	ign Flow (.1949): 3	60	Property Size:	
Location of Site:		Pro	perty Reco	rded:			
Water Supply:		Public	Individual		Well	☐ Spring	☐ Other
Evaluation Method:	Auger Bo	oring		Pit	☐ Cut		
Type of Wastewater	: 🖸	Sewage		Industrial	Process	☐ Mixed	

Type o	f Wastewate	r:	Sewage	☐ Industrial F	Process Mixed				
P R O F I .1940		8	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #	Landscape Position/ Slope %	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	L-3%	0.12	SL	FUGANONS					
		12-44	SC-CIAS	ENGROSWY En 18845. P.	34.36 7.1				.3
4,5	L-2-34	0.5	-10m						
		C-18	CITY -		Clyede Sou	5		-	
							*		
									,
							12		
					ri .				

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)	-		Evaluated By:
System Type(s)	252	252	Others Present:
Site LTAR	, 3	.321-	