HTE# 16-5-38622

## Harnett County Department of Public Health

28731

**Improvement** Permit

A building permit cannot be issued w	with only an Improvement Permit	
PROPERTY LOO	CATION: WILL LUCAS RO	
ISSUED TO: DIGIE HOMAS SUBDIVISION	EVENN P FLOWERS LOT # 1	
NEWDED REPAIR EXPANSION D	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SFD (72×33)		
Proposed Wastewater System Type: CONVENTIONAL Projected Daily Flow: BGO GPD		
Projected Daily Flow:GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No		
Pump Required: 🗆 Yes 🛛 No 🛛 🗆 May be required based on final location and ele	evations of facilities	
Type of Water Supply: 🛛 Community 💢 Public 🛛 Well Distance from well _	1.00 <sup>+</sup> feet Permit valid for: Five years	
Permit conditions:	No expiration	
1/ 10		
Aug II		
Authorized State Agent:: REHS Date:	ラ 1フ シン 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)

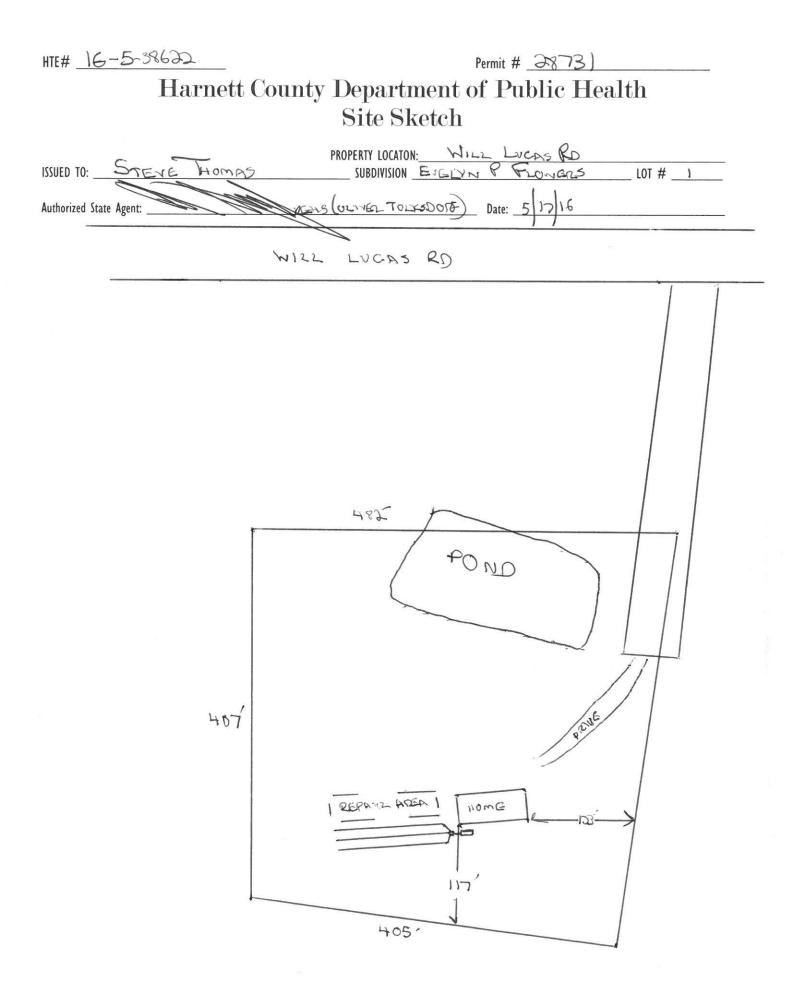
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: STEVE THOMAS	PROPERTY LOCATION:	L LUCAS RO
(======================================	SUBDIVISION EVERYN	P Frowers LOT # 1
Facility Type: SEO(72×33)		
Basement? 🗆 Yes 🛛 No 🛛 Basement Fixtu	res? 🗆 Yes 📉 No	
Type of Wastewater System** CONVENT	ONAL	(Initial) Wastewater Flow: $360$ GPD
(See note below, if applicable 🗆)		
CONVE	NTONAL (Repair)	
Installation Requirements/Conditions	Number of trenches 3	-
Septic Tank Size 1000 gallons	Exact length of each trench <u>80</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: $6 - 10$ inches
	Maximum Trench Depth of: 18-22 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	<u>    6          inches</u> below pipe
		Aggregate Depth: inches above pipe
Conditions:		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 wh	
Construction Authorization to subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this perm	it. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date:	17/20



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM Owner: Applicant: Address: Date Evaluated: Proposed Facility: Contemposed F				Property Siz	heet: roperty ID: ot #: ile #: ode: ze: Oth	er			
P R O F I .1940		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
Y		0-258	62	VA SINP					5,8
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5			63	VFR Wilmp					5.9
ć		0-28 28-40	G S SOK SUL	VA SINP AL SOLUP	10727)2037				P5 ·5

Description	Initial	Repair System	Other Factors (.1946): $\varphi_{ij}$
	System		Site Classification (.1948):
Available Space (.1945)		1	Evaluated By:
System Type(s)	CBN	CUN	Others Present:
Site LTAR	.5	5	

3×80 6 18.22