Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 3930 Hillmon Grove Rd (SR1106) ISSUED TO: Onsite Homes EXPANSION Site Improvements required prior to Construction Authorization Issuance: REPAIR Drain field Area That is Plagged OFF MUST Type of Structure: 35' 73 SFD Proposed Wastewater System Type: 25% reduction be Cleared of all Trees + growth without Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8 _____max amoving Any ExTra Soils. Basement Yes Pump Required: No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well feet Permit valid for:

Permit conditions: Accurately state off House After Drain Field is Cleaned, then

Call back For Soil Gual + System Capout. X Five years No expiration Mel OL RETO Date: 07-01-21 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. PROPERTY LOCATION: ISSUED TO: SUBDIVISION Expansion Facility Type: Basement Fixtures? Yes Basement? Yes No (Initial) Wastewater Flow: GPD Type of Wastewater System** (See note below, if applicable) __(Repair) Number of trenches Installation Requirements/Conditions Exact length of each trench _feet Trench Spacing: _____ Feet on Center Septic Tank Size gallons Soil Cover: _____inches Pump Tank Size _____ gallons Trenches shall be installed on contour at a 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. ____ __ inches below pipe Conditions: 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: 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent: ____ Construction Authorization Expiration Date:

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: Onlita Applicant: Address: 3530 Hellman Grown Proposed Facility: FP	Date Evaluated: 5 - 25 - 71 Design Flow (.1949): 480 6/D	Property Size:	
Location of Site:	Property Recorded: Individual Well Pit Cut	☐ Spring ☐ Mixed	Other

P R O F I	.1940			ORPHOLOGY OTHER 1941 PROFILE FACTORS					
L E #	Landscape Position/ Slope %	Horizon Depth (ln.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	1	0-24	US Gr		104R7/1	>48"		_	P5. 4
	2.5%	24-48	ls Gr Sci sük		> 41"				Group
2,3	L	0-20	15 Gr		104R6/z	>48°	_	_	P5.35
	2-5%	20-48	LS Gr SCI SBh		> 28"			34	Group
		h 7 a) (4	Ž×:					
4,5	7	0-14	15 G7		10428/1	>36	_	Massire	11
	2-52	14-48	15 G7		10 YR 8/1 ≥ 14"			Massive Clay 214"	М
					5 X				
					20		* E		
					3				

Description	Initial	Repair System	Other Factors (.1946):	Dr.
	System		Site Classification (.1948):	P
Available Space (.1945)			Evaluated By:	Malon-ROTT
System Type(s)	Porp TO 25 200		Others Present:	, COLD
Site LTAR	1.4		100000000000000000000000000000000000000	

COMMENTS: ____

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE	I	S-SAND LS-LOAMY SAND	1.2 - 0.8	VFR-VERY FRIABLE	NS-NON-STICKY SS-SLIGHTY STICKY
FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE	II	SL-SANDY LOAM L-LOAM	0.8 - 0.6	FI-FIRM VFI-VERY FIRM EFI-EXTREMELY FIRM	S-STICKY VS-VERY STICKY NP-NON-PLASTIC
CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAN	Ш	SI-SILT SIL-SILT LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6 - 0.3		SP-SLIGHTLY STICKY P-PLASTIC VP-VERY PLASTIC

0.4 - 0.1

STRUCTURE
SG-SINGLE GRAIN
M- MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY

MINERALOGY SLIGHTLY EXPANSIVE

SIC-SILTY CLAY

EXPANSIVE

C-CLAY SC-SANDY CLAY

IV

