HTE#16-5-40435

Harnett County Department of Public Health

29426

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: SHINDLEDECKER JAMES SUBDIVISION CAPTAINS LANDING LOT # 7R
ISSUED TO: ———————————————————————————————————
NEW REPAIR DEXPANSION DESCRIPTION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED CHOXES DESCRIPTION STS.
Proposed Wastewater System Type: Aung To 25% Provided Sto.
Projected Daily Flow: 340 GPD
Number of bedrooms: Number of Occupants: max
Basement 🗆 Yes No
Pump Required: Ves \(\subseteq \text{No} \subseteq \text{May be required based on final location and elevations of facilities} \)
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Permit conditions: No expiration
Authorized State Agent:: Date: 3 17 17 SEE ATTACHED SITE SKETCH
Authorized State Agent: Date:
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: SHINDLE OGCIGE, JAMES PROPERTY LOCATION: DAVEHING ST. SUBDIVISION CARTAINS LANDING LOT #78
SUBDIVISION CARTAINS LANDING LOT #78
Facility Type: STO(L10^NSO) Mew Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** Pume To 25% REDUCTION SYDEM (Initial) Wastewater Flow: 240 GPD
(See note below, if applicable \square)
Examps (.1945) (Repair)
Installation Requirements/Conditions Number of trenches 4
Septic Tank Size 1000 gallons Exact length of each trench 12000 feet Trench Spacing: 7 Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches
Maximum Trench Depth of: 15 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
in all directions) PRESSURE MANIFOLD
Pump Requirements:ft. TDH vs GPM inches below pipe
Conditions: Pasa Basa On Paoposal From Applicant LSS inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MILET DE 10ET EROM ANY DART DE CERTIC SYSTEM OR REDAIR AREA
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
Construction Authorization is rubiect 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: Construction Authorization Expiration Date: 31717 Construction Authorization Expiration Date: 31717
Construction Authorization Evaluation Date: 21 m/a

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Permit # 29426

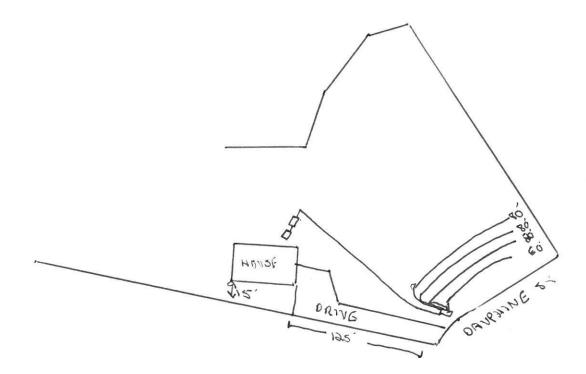
Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: DAVENING ST.

SUBDIVISION CAPTAINS LANDING LOT # 7R

Authorized State Agent: Date: 3 17 17



* SYSSEM FLAGGEP

* SEE ATTACHED MANIFOLD DESIGN SHEET

DECRLL WITH QUESTIONS PRIOR TO INSTALLATION

Pressure Manifold Design Criteria

Initial System

Line Color	Elevation	Drainline Length(ft)	Tap Size/ Schedule	Flow/tap (gpm)	gpd/ft	LTAR (gpd/sqft)
В	99.95	60	1/2"sch 80	5.48	1.226	0.409
R	98.99	80	1/2"sch 40	7.11	1.193	0.398
Y	97.94	80	1/2"sch 40	7.11	1.193	0.398
В	96.81	80	1/2"sch 40	7.11	1.193	0.398
	Color B R Y	Color Elevation B 99.95 R 98.99 Y 97.94	Color Elevation Length(ft) B 99.95 60 R 98.99 80 Y 97.94 80	Color Elevation Length(ft) Schedule B 99.95 60 1/2"sch 80 R 98.99 80 1/2"sch 40 Y 97.94 80 1/2"sch 40	Color Elevation Length(ft) Schedule (gpm) B 99.95 60 1/2"sch 80 5.48 R 98.99 80 1/2"sch 40 7.11 Y 97.94 80 1/2"sch 40 7.11	Color Elevation Length(ft) Schedule (gpm) gpd/ft B 99.95 60 1/2"sch 80 5.48 1.226 R 98.99 80 1/2"sch 40 7.11 1.193 Y 97.94 80 1/2"sch 40 7.11 1.193

Total Drainline= 300 Total Flow= 26.81

Pressure

Head (ft)= 2 Target LTAR* (gpd/sf)= 0.4

LTAR + 5% 0.42

Daily Flow= 360

Total Flow (gpm)= ____26.81___

Daily PRT(min)= ____13.43

Dose Vol= 146.93 gallons w/ Pipe Vol @% _____ 75____

Dose PRT (min)= 5.48

MANIFOLD DIAGRAM:

Tap#	1	2	3	4			
		4" SCH 40 PVC Manifold					
Size	1/2"sch 80	1/2"sch 40	1/2"sch 40	1/2"sch 40			
flow (gpm)	5.48	7.11	7.11	7.11			
Line Length	60	80	80	80			

^{*} Soil LTAR 0.3 gpd/sf; convert for accepted system drainlines 0.3 /.75=0.4 gpd/sf