

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Harold Cameron PROPERTY LOCATION: Harrington Rd. (SR 1291)
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION
 Type of Structure: 3BR SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% Reduction System
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 100 feet Permit valid for: Five years
 Permit conditions: _____ (EXISTING) No expiration

Authorized State Agent: [Signature] Date: 2/8/17 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: Harold Cameron PROPERTY LOCATION: Harrington Rd. (SR 1291)
 SUBDIVISION _____ LOT # _____
 Facility Type: 3BR SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% Reduction System (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>100</u> feet	Soil Cover: <u>6+</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>24</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		<u>6</u> inches below pipe
		Aggregate Depth: <u>2</u> inches above pipe
Conditions: _____		<u>12</u> 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 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: 2/8/17
 Construction Authorization Expiration Date: 2/8/22

HTE# 17-5-40609

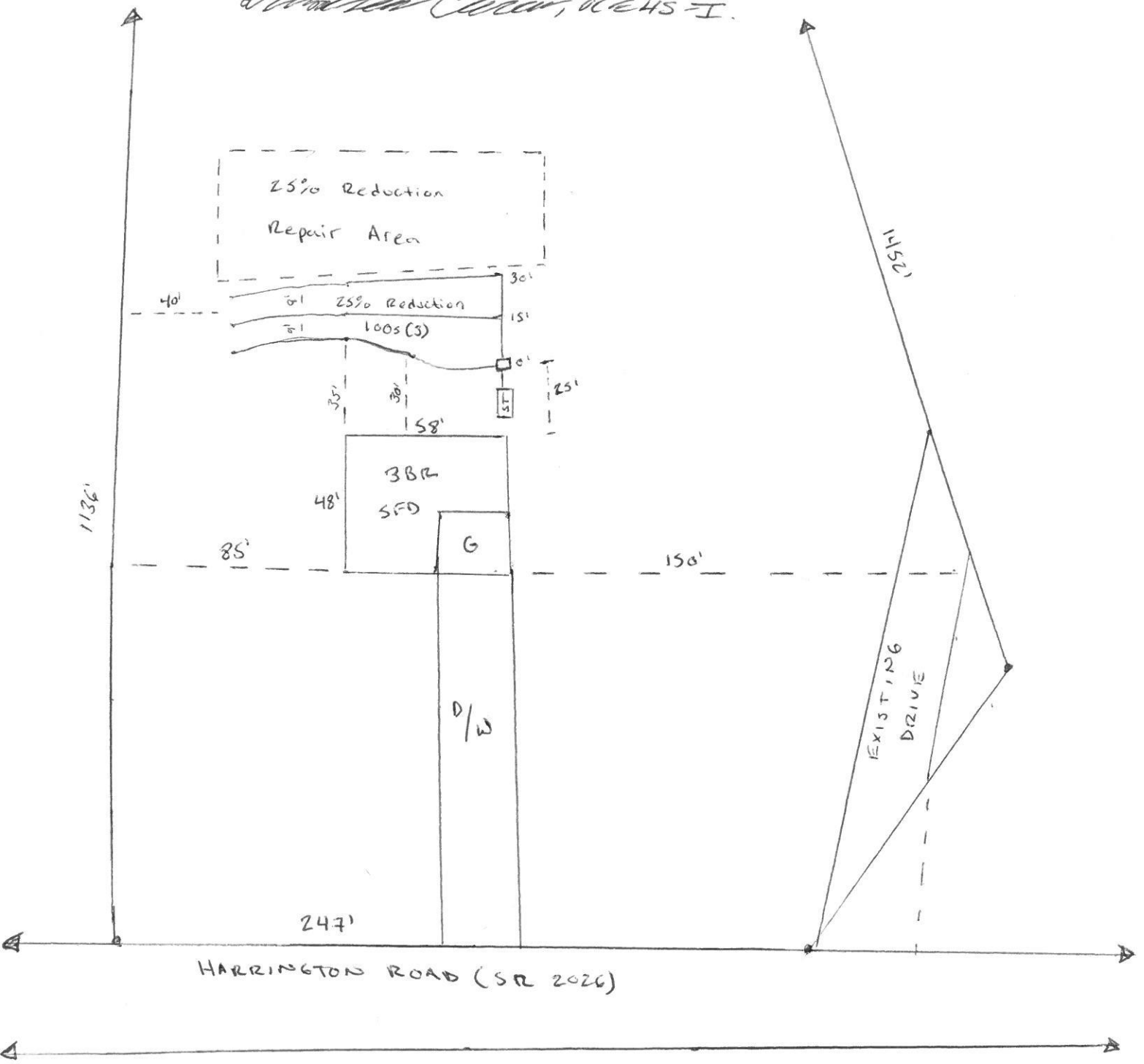
Permit # 29309

Harnett County Department of Public Health Site Sketch

ISSUED TO: Harold Cameron PROPERTY LOCATOR: Harrington Rd. (SR 1291)
SUBDIVISION _____ LOT # _____

Authorized State Agent: _____ Date: _____

Harold Cameron, REHS-I.



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Harold Cameron Applicant: Harold Cameron
 Address: Harrington Rd. Date Evaluated: 02/01/17
 Proposed Facility: 3BR SFD Design Flow (.1949): 360 gal/d Property Size: 8.24 AC.
 Location of Site: Harrington Rd. Property Recorded: 129
 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	L 2-3%	0-8	GR LS	FR SSSR Skp					
		8-26	SL SL	VFR SSSR Skp					
		26-30	BK SCL	FI S P Skp					PS
		30-42	BK C	FI S P Skp		42			0.3
		42+	Parent Mat.	Parent Mat.				PM	
2	L 2-3%	0-12	GR LS	FR SSSR Skp					
		12-16	SL SL	VFR SSSR Skp					PS
		16-38	BK C	FI S P Skp		38			0.3
		38+	Parent Mat.	Parent Mat.				PM	
3	L 2-3%	0-16	GR LS	FR SSSR Skp					
		16-22	GR SL	VFR SSSR Skp					PS
		22-46	BK C	FI S P Skp		46			0.3
		46+	Parent Mat.	Parent Mat.				PM	

Description	Initial System	Repair System	Other Factors (.1946): <u>None</u>
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Site Classification (.1948): <u>Provisionally Suitable</u>
System Type(s)	<u>2 1/2" Red.</u>	<u>2 1/2" Red.</u>	Evaluated By: <u>Andrew Curran, REHS-I.</u>
Site LTAR	<u>0.3</u>	<u>0.3</u>	Others Present: