

HTE# 17-5-40757

Harnett County Department of Public Health

29327

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Randall Madrigal PROPERTY LOCATION: NC 27 E.
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 1
 Type of Structure: 4BR SFD (69'x69') Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% Red. System
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: Shirley Reed, RNS Date: 03/01/17 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: Randall Madrigal PROPERTY LOCATION: NC 27 E.
 SUBDIVISION _____ LOT # 1
 Facility Type: 4BR SFD (69'x69') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)

25% Reduction System (Repair)
Installation Requirements/Conditions
 Septic Tank Size 1200 gallons Number of trenches 3
 Pump Tank Size _____ gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18 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 Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ 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: Shirley Reed, RNS Date: 03/01/17
Construction Authorization Expiration Date: 03/01/22

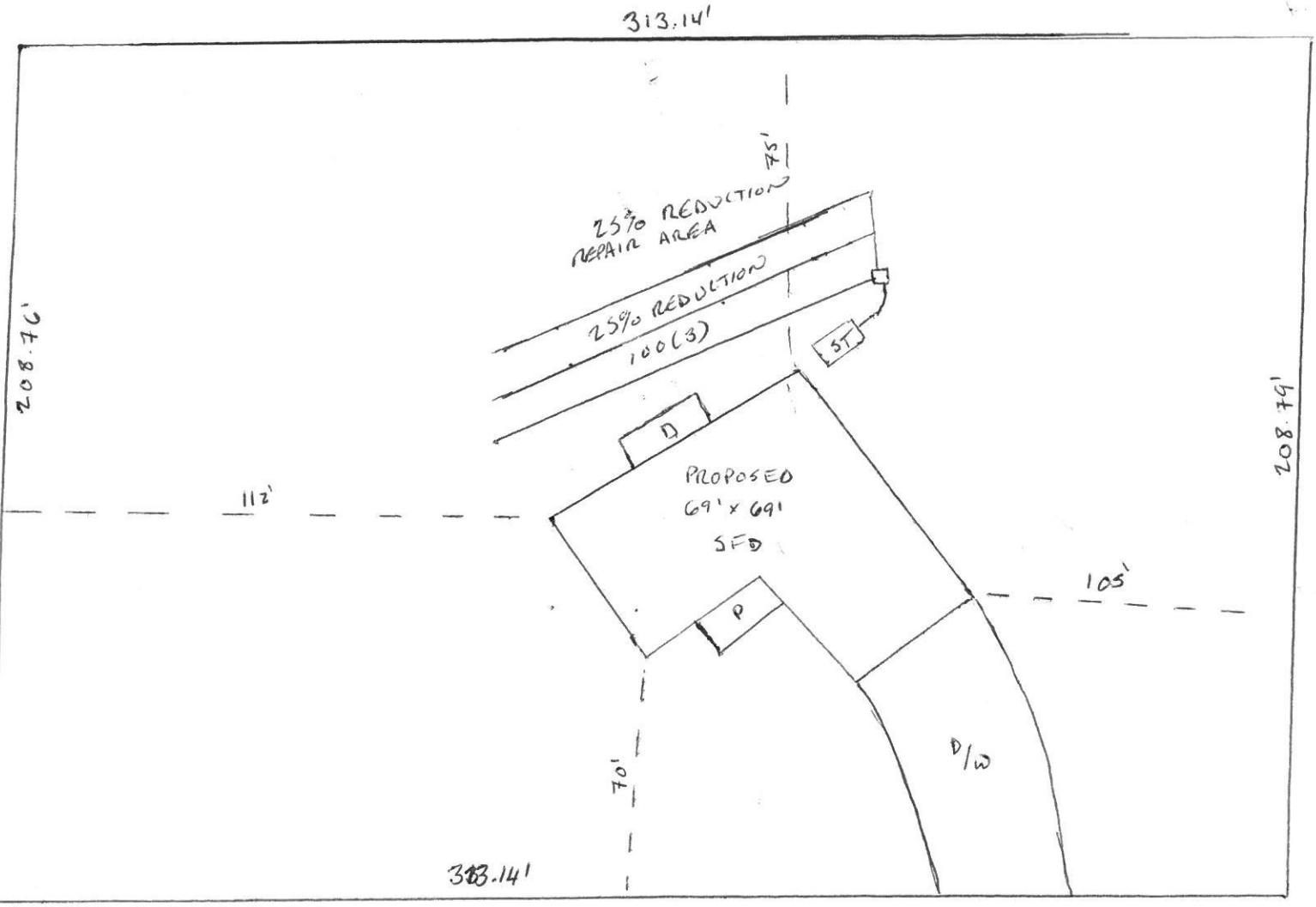
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Harnett County Department of Public Health Site Sketch

ISSUED TO: Randall Madrigal PROPERTY LOCATION: NC 27 East
SUBDIVISION _____ LOT # 1

Authorized State Agent: [Signature] Date: 03/01/17



- * On contour 300 lines ft of 25% Reduction
- * Two(2) 150' lines may be used if contour and landscape position allows

**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner: *Rendell Madrigal* Applicant: *Rendell Madrigal*
 Address: *NC 27 E* Date Evaluated: *02/28/17*
 Proposed Facility: *4 BR SFD* Design Flow (.1949): *480 gal/d* Property Size: *1.5 AC.*
 Location of Site: *NC 27 E* Property Recorded: *yes*
 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 3%	0-10	GR LS	FR SSSP SLP					
		10-34	BK SCL	FI S P SLP					PS
		34+	Parent Mat.	PM		34		PM	0.4
2	L 3%	0-8	GR SL	FR SSSP SLP					
		8-34	BK SCL	FI S P SLP					PS
		34+	Parent Mat.	PM		34		PM	0.4
3	L 3%	0-8	GR LS	FR SSSP SLP					
		8-30	BK SCL	FI S P SLP					PS
		30+	Parent Mat.	PM		30		PM	0.4

Description	Initial System	Repair System	Other Factors (.1946):
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Site Classification (.1948): <i>Provisionally suitable</i>
System Type(s)	<i>25% Red.</i>	<i>25% Red.</i>	Evaluated By: <i>Andrew Curran, DEHS</i>
Site LTAR	<i>0.4</i>	<i>0.4</i>	Others Present: