HTE# 17-5-40766 Harnett County Department of Public Health

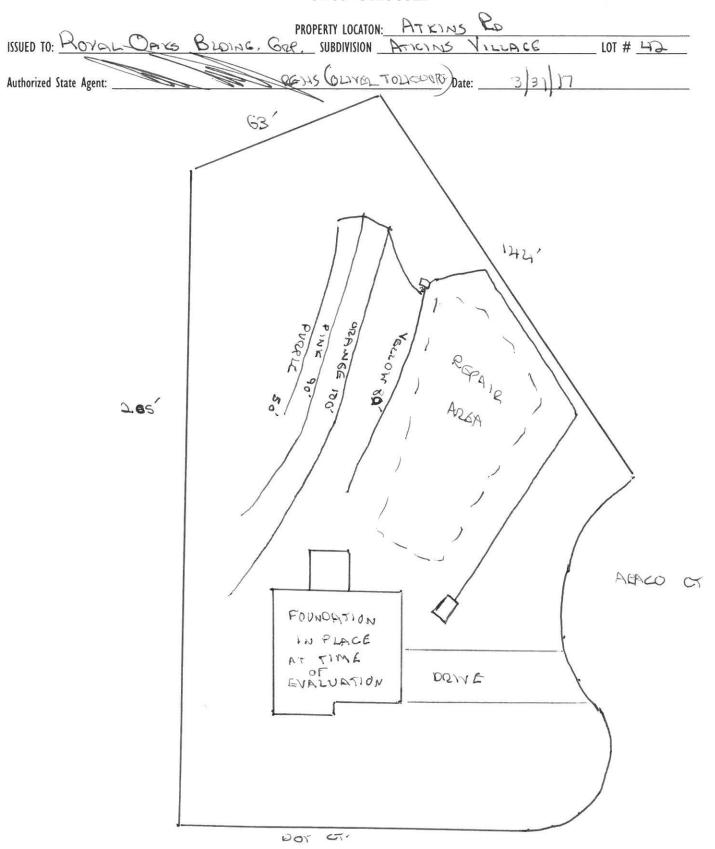
Improvement Permit

A building permit cannot be issued with only an Improvement Permit ISSUED TO: ROYAL ORG BLDING GOR, SUBDIVISION ATKINS VILLAGE LOT # 42 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED (51740) Proposed Wastewater System Type: 25% REDUCTION 37576M
Projected Daily Flow: 480 GPD Number of Occupants: 8 max Number of bedrooms: Basement Yes 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 60° feet Permit valid for: Five years Permit conditions: ■ No expiration Authorized State Agent::

Date: 3 3 17 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the square 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 ISSUED TO: 17-5-40786 PROPERTY LOCATION: ATKINS RO
SUBDIVISION ATKINS VILLAGE LOT # 42 Facility Type: SEO (5) XHO') Mew Expansion Repair Basement Fixtures? Tes KNo System (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable Installation Requirements/Conditions Number of trenches Number of trenches _____ Feet on Center ______ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 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 inches below pipe Aggregate Depth: ______ inches above 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 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. Construction Authorization Expiration Date: 33177 Authorized State Agent:

Harnett County Department of Public Health Site Sketch



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:	Applicant:				
Address:		Date Evaluated:			
Proposed Facility:	430am	Design Flow (.19	049): 4703ed	Property Size:	
Location of Site:	* 000 000 00000	Property Recorde			<u> </u>
Water Supply:		Individual	☐ Well	Spring	Other
Evaluation Method	l: Auger Boring	☐ Pit	☐ Cut		
Type of Wastewate	er: Sewa	ge 🔲 Inc	dustrial Process	Mixed	

P R O F I .1940		Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L Landscape E Position/ Slope %	.1941 Structure/ Texture		.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR	
\	L5	0-18	G 25	VF-1 NS/MP					
		19-36	58x SCL	Fn 5/5P	croe 34°				P5.19
3		0.20	G 45	VED US NO					
			98R5CI		cu o 6 38"				P3
3		a. V	616	NEO NEO					
		38-47	18h sa	VER Note					P5 -H

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948):
Available Space (.1945)	V		Evaluated By: OLY
System Type(s)	75	90 SLGO	Others Present:
Site LTAR	. L	1 14	