29355

HTE# 17-5- 40977

## Harnett County Department of Public Health

Improvement Permit

,	building permit cannot be issued with only a			
ISSUED TO: ROYAL OAKS BIDGE	/ -	X1440,	ATKINS RA	
NEW REPAIR EXPANSION	SOBBITISION PY PE	400	vellage	LOT # 38_
Type of Structure:	N	nprovements r	equired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: 282010	01-1	11 11 12 12 I		
Projected Daily Flow: 360 GPD	secure -			
Number of bedrooms: Number of Occu	nantr: 6 may			
Basement Tyes No	pants:max			
	ired based on final location and elevations of	facilities		
Type of Water Supply:   Community Public	☐ Well Distance from well		D	
Permit conditions:	Well Distance from Well	leet	Permit valid for:	Five years
				☐ No expiration
	1 / 740	95		
Authorized State Agent:	(Anhand Date:	4-12	-17 CEE ATT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is	responsible for cl	hecking with appropriate governing bodies in	mosting their requirement. This
site is subject to revocation if the site plan, plat, or the intended use	hanges. The Improvement Permit shall not be affected by	a change in ow	nership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
	<u> </u>			
	Construction Authorize	zation		
	(Required for Building Pern			
The construction and installation requirements of Rules .1950, .1952, .1	(Negative 101 Dulldling Peril	IIIL) atad by rafaranca	e into this names and shall be asset to	1012 012
with the attached system layout.	54, 1135, 1136, 1137, 1136. and 11737 are medipole	ated by reference	s into this permit and shall be met. Systems	shall be installed in accordance
1500 - 7 - 10 2 N. BON		_	1111	-1
ISSUED TO: forpl Dales BIDG	PROPERTY LOCATION	ON: SC	1498 HTKERE	5600
, ,	SUBDIVISION _	TUST	WS VELLAR	2_LOT # 38
Facility Type:	New   Expansion	☐ Repair		
Basement?  Yes No Basement Fixe				
Type of Wastewater System** 2500 New			(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable	P		(IIIIIai) Wastewater 110W.	OF GPD
1 PP	OBS (Bancis	<i>-1</i>		
Installation Requirements/Conditions	Number of transfer	)		
	Number of trenches		9	
Septic Tank Size 1200 gallons	Exact length of each trench _265	feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour a	t a	Soil Cover:i	nches
	Maximum Trench Depth of:	inches	(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level to +/-1/	4"	36" above the trench bott	om)
	in all directions)			····)
Pump Requirements:ft. TDH vs	GPM		6	inches below nine
			Aggregate Depth:	inches below pipe inches above pipe inches total
Conditions:			Aggregate Deptil.	/ 3 inches above pipe
				inches total
WATER LINES (INC. HRIDE IRRIGATION) WHEE				
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC S'	YSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
** If applicable: I understand the system time and if a	: 1:11	, .		
**If applicable: I understand the system type specified	is different from the type specified on the	e application	. I accept the specifications of t	his permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:  his Construction Authorization is subject to revocation if the site plan, p	at, or the intended use changes. The Construction Authori	ization shall not	be transferred when there is a change in ow	rnership of the site. This
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal a	and to the conditi	ions of this permit. SEE /	ATTACHED SITE SKETCH
	11 / /			
Authorized State Agent:	Manhon for Ro	EC Pata.	4-12-17	
	Construction Authorization F	Evniration D	lato: (/ 2 2°	<del>, </del>

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## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SU 948 ATKINS RD

ISSUED TO: Royal Onks 131D 6 Group SUBDIVISION ATKINS VELLING LOT # 38

Authorized State Agent: Date: 4-12-17

Follow Consultants Layout + Flassed Lines 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: (	ROUA	1 onk	3			
Address.		Date	e Evaluated:	4-10-17			
Proposed Facility:	<40	Des	ign Flow (.19	49): 3100		Property Size:	
Location of Site:	).	Proj	perty Recorde				
Water Supply:			Individual	☐ Well		Spring	Other
Evaluation Method:	Auger Bo	oring	☐ Pit		Cut		
Type of Wastewater	r: 🖵	Sewage	Ind	ustrial Process		☐ Mixed	

1	or made made		Sewage	madstrair	i iocess				
P R O F I L E	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Consistence Texture Mineralogy		PI .1942 Soil Wetness/ Color	Profile Class & LTAR			
1	13-42	0-22				Depth (IN.)	Class	Horiz	PB
		22-42	su g	entraus.I	28.40°3	5. 1			. 4
2	رسي	0 15	51. 1	TO GO ABON C					
		15-46	XEIN C	ind Paris	30" 37				.38
	S - 28 C - 39 C - 112								
					7/ 10 8/				
									37 32
							2.51		

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948)
Available Space (.1945)	V		Evaluated B
System Type(s)	250	2005	Others Present:
Site LTAR	0-614		Sincis i resent.
	7.	24	