HTE# 17-5-41375

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued	with only an Improvemen	t Permit	
ISSUED TO: GARY ROBINSON HONESLIC SUBDIVISION	DCATION: OLD U	7941 Taylor To 1-	107 // 1
NEW SAT REPAIR I SYPANSION T	Cita Improvements re	quired prior to Construction Autho	LOT #
Type of Structure: SED(4(**43)	site improvements re	quired prior to construction Autho	rization issuance:
Proposed Wastewater System Type: 25% REOUTING SYSTEM			
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occupants: max			
Basement 🗆 Yes 🔼 No	T		
Pump Required: □Yes □ No ► May be required based on final location and el	levations of facilities		
Type of Water Supply: Community Public Well Distance from well Permit conditions:	feet	Permit valid for:	Five years No expiration
1/1			
Authorized Costs Associated Section 20142 2	Clarkin -		
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The pe	() 32)	SEE AT	TACHED SITE SKETCH
the leave and Pales (in Source Parents plan, plat, or the intended use changes. The Improvement Permit shall not	be affected by a change in own	ecking with appropriate governing bodies in ership of the site. This permit is subject to	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	are anected by a change in only	ersing of the site. This permit is subject to	compliance with the provisions of
Construction A	uthorization		
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 System	t thall be installed in accordance
with the attached system layout.			strail be installed in accordance
ISSUED TO: GARY ROBINSON HOMES LLC PROPER	RTY LOCATION:	1642U a	
CHININ	SION JOHNATI	IAN TAYLOR TRACT	LOT #\
Facility Type: SFD (46 × 47) New Exp			
Basement? ☐ Yes No Basement Fixtures? ☐ Yes No Type of Wastewater System** 25% Repuction System**			
Type of Wastewater System** 25% REDUCTION SY	17EM	(Initial) Wastewater Flow:	480 GPD
(Con mate below (Completely D)		Construction of the second of	
Pume To 25% RED, Sys	. (Repair)		
Installation Requirements/Conditions Number of trenches1			
Septic Tank Size 1000 gallons Exact length of each trench	240 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons Trenches shall be installed on		7	inches
Maximum Trench Depth of:		(Maximum soil cover shall	
(Trench bottoms shall be leve		36" above the trench both	
in all directions)		and the their poet	.omj
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:		Aggregate Deptil.	inches above pipe
		- 188 - 182 - 184	miches total
WATER LINES (INCLUDING IRRIGATION) MUST BE JOST FROM ANY RART OF	CERTIC CYCTEM OR I	AFRAIR AREA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF	2FLIIC 2121FW OK P	KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.			
**If applicable: I understand the system type specified is different from the type speci	ified on the application.	I accept the specifications of t	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 Const	ruction Authorization shall not b	pe transferred when there is a change in or	wnership 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 conditi	ons of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agent:RGHS	Date:	6/22/37	
	orization Expiration D	ate: 6 Jan Jan	
Constitution Author	PILLULION EXPINATION D	acc.	

HTE# 17-5-4	1375
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Permit # 2965 1

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

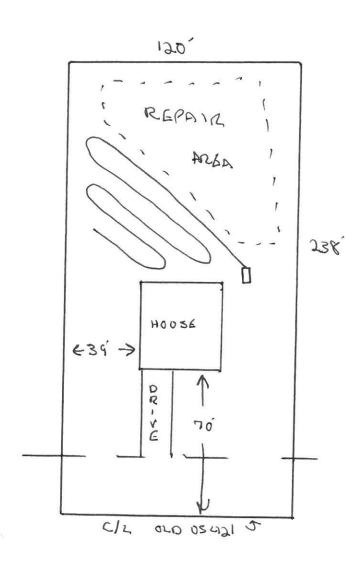
PROPERTY LOCATON: OLO US421

PROPERTY LOCATON: OLO US421

Authorized State Agent: PROPERTY LOCATON: OLO US421

PROPERTY LOCATON: OLO US421

Authorized State Agent: Date: C 22 17



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:		ch.)		
Address:		Date Evaluated:	0/20/1		
Proposed Facili	ity: 4302m	Date Evaluated: Design Flow (.19	149): 48035	Property Size:	
Location of Site	e:	Property Recorde			
Water Supply:	_ Pul	olic Individual	Well	☐ Spring	Other
Evaluation Met	hod: Auger Borin	g 🔲 Pit	□ C	ut	
Type of Waster	water: Se	wage	lustrial Process	☐ Mixed	
р					

P R O F I .1940		10000	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
)	2-5	0-36,	G5L	AUS VEN LAN					
		36-44	38K, 2CT	m ssly					15
9-		0-30	6 5 L	YER NEW					
212 (1991)		30-41	SKS(î	रात क्योप					87.5
3		040	GSL	ארני ודאר					
3000		40-48	83/C 2CL	VAN USAP FOR SS/S/					PFS

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): { \(\)
Available Space (.1945)	V		Evaluated By: 97
System Type(s)	3571	019	Others Present:
Site LTAR	-3	153	