HTE# 17-5-421147 Harnett County Department of Public Health	29618
Improvement Permit	
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 2017 CASINEY TOUR ISSUED TO: Michael Cherry SUBDIVISION	LOT # Z
NEW REPAIR EXPANSION EXPANSION Site Improvements required prior to Construction Author	rization Issuance:
Proposed Wastewater System Type: LOW Pro Chamber	
Projected Daily Flow: GPD	
Number of bedrooms:	
Pump Required: 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: Permit conditions:	☑ Five years □ No expiration
CALAR	
Authorized State Agent: Date: 10-10-17 SEE ATT 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 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ACHED SITE SKETCH meeting their requirements. This compliance with the provisions of
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 Systeme	shall be installed in accordance
With the attached system layout. ISSUED TO: Michael Cherry PROPERTY LOCATION: Start To Be GATTACE, SUBDIVISION Facility Type: Start New Expansion Repair	
SUBDIVISION	LOT # 2
Facility Type: IN New Expansion Repair Basement? Yes No Basement Fixtures? Yes No	
Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Punp +2 Low Prop Charles (Initial) Wastewater Flow:	
Dee note below it applicable 1	CIOL GPU
Pupo Low Pio Lliste (Repair)	¢
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing: Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 1000	Feet on Center
	nches
Maximum Trench Depth of: -20° inches (Maximum soil cover shall n (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	
in all directions)	omj
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions: CONTRACTOR to MEET ONSTITE Aggregate Depth: 2	inches above pipe
WATER LINES (INCLUDING IDDICATION) MUST DE LOET FROM ANY DADT OF CEDILO CUCTEM OD DEDLID ADEL	tom
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.	Derth
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of the	his 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 ow	
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.	ATTACHED SITE SKETCH
Authorized State Agent: ane EManha fre Date: 10-10-17 Construction Authorization Expiration Date: 10-10-22	_
Construction Authorization Expiration Date: 10-10-20	_

HTE# 17-5-4211412 Permit # 29618 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: SX 1786 GATNCY RIS ISSUED TO: Michael Chenry Authorized State Agent games & Manhant Date: 10-10-17 * Contractor to meet ONSETTE Prionto INSTALL! TAKE NOTE LOW Profelt Chamber System low7no CHarstee Rep 口口 NEW SPP 40' SRIB 84 E 40' DIW 100

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM					Sheet: Property ID: Lot #: File #: Code:		. 1 8.	e t	
Locati Water	r: ss: sed Facility: on of Site: Supply:	Applicar 5FD	nt: Date Desi	Evaluated: 9 - <i>10</i> gn Flow (.1949): 3 erty Recorded:	Well Cut	ing 🗌 Otl	ner		F s y
P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941 .1941 .1941 Structure/ Consistence		.1942 Soil Wetness/	OTHER PROFILE FACTOI .1943 Soil	.1956 Sapro	.1944 Restr	Profile Class
1,2	L		Texture	Mineralogy	Color Cly ele Soilo	Depth (IN.)	Class	Horiz	& LTAR
2	L-25	0-7	scin	m bursup m 13BKS.P					
		7-30	scing f	n 13BKS.P	24" 754				r
4,5	(20)	0-2	52	in GANSNP					
		7.30	Scing	n bansnp nm (5345.P.	22 3.1				

Description	Initial System 1	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)	k	to the second se	Evaluated By:
System Type(s)	LOND Pres	Clamber	Others Present:
Site LTAR		Contract -	oulers riesent.