Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: US42) SUBDIVISION ____ IATLOR REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 5FD (60×51) Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 480 Number of Occupants: 8 max Number of bedrooms: No. No Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

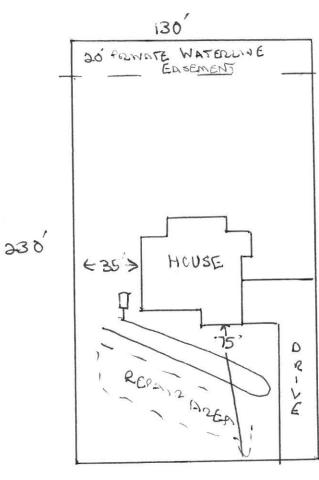
Well Distance from well _______ feet Permit valid for: Five years Permit conditions: _ ■ No expiration Authorized State Agent:: _ REPS Date: SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the Issuance of other permits. The permit holder is responsible 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 Impresement 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: JOHNHAN TRYLOR PROPERTY LOCATION: US421 Facility Type: SED (60×51)

New Expansion Repair Basement Fixtures? Yes No No System (Initial) Wastewater Flow: 480 Type of Wastewater System** (See note below, if applicable 25%, REDUCTION SYS. (Repair) Number of trenches Installation Requirements/Conditions Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6-12 Maximum Trench Depth of: 18-21 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: 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: 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 acquisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Authorized State Agent: Construction Authorization Expiration Date:

Permit # 29733

Harnett County Department of Public Health Site Sketch

		_	PROPERTY LOCATON:	US421			
ISSUED TO: _	MANTANOL	INILOR	SUBDIVISION	- Alexander -		LOT # _	C
Authorized Sta	te Agent:	16 A.	DENGE TOLKS	Date:	10/24/17		



USHOIN

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

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P R O F	.1940 Landscape Position/ Slope %		SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS					
L E #		Horizon Depth (ln.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR	
١	0-5	0.7%	G S	na vajab			ga .		5.8	
		. 2.51	6 9	VFD N5/UP					5,8	
D-		0-254	0	N+U N2/11/					,0	
3		0-48	G 5	VFIZ NS) NG					5,8	
L4		0-48	63	YFR us) MP	75				5.4	
							** *** *******************************			

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948): 5
Available Space (.1945)		1	Evaluated By:
System Type(s)	25%	260	Others Present:
Site LTAR	. 8	6.	CONTROL OF THE PROPERTY OF THE

1×150 e 18.74"