29739

HTE# 17-5-42552

## Harnett County Department of Public Health

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit	D			
ISSUED TO: RODNEY COLLINS  PROPERTY LOCATION: JOE COLLINS LN  SUBDIVISION CAO COLLINS LN	Ro			
	LOT # <u>\ \ - \ \                           </u>			
NEW REPAIR   EXPANSION   Site Improvements required prior to Con	istruction Authorization issuance:			
Proposed Wastewater System Type: Conversional				
Projected Daily Flow: 240 GPD				
Number of bedrooms: Number of Occupants: 4 max				
Basement □Yes No				
Pump Required: Tes No May be required based on final location and elevations of facilities	No. 100			
	mit valid for: Five years			
Permit conditions:	No expiration			
Authorized Corp. Across				
Authorized State Agent:  Date: 10 31 17  The issuance of this permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the impact of the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the Health Department in no way guarantee the permit by the permit by the permit by the permit by	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 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	governing bodies in meeting their requirements. This			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	permit is subject to 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 sl	hall be mad Sustania shall be invested in accordance			
with the attached system layout.				
ISSUED TO: RODNEY COLLINS PROPERTY LOCATION: JOE COLLINS L	LINS RO			
SUBDIVISION CAO COLLINS L	-N LOT # 1 - A			
Facility Type: Shotal Repair				
Basement?  Yes  No Basement Fixtures?  Yes  No				
Type of Wastewater System** Conversional (Initial) Was	stewater Flow: 240 GPD			
(See note below, if applicable $\square$ )				
CONVENTIONAL (Repair)				
Installation Requirements/Conditions  Number of trenches	_			
Septic Tank Size 1000 gallons Exact length of each trench 75 feet Trench Spacing:	: Feet on Center			
Pump Tank Size gallons				
	oil cover shall not exceed			
	the trench bottom)			
in all directions)	the trench bottom)			
Pump Requirements:ft. TDH vs GPM	inshee halaus sies			
	inches below pipe inches above pipe			
Aggregate Dept				
Conditions:	inches total			
WATER LINES (INCLUDING IRRIGATION) ANIST RE VOTE FROM ANY ROLL OF STREET				
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 spe	ecifications of this permit.			
	•			
Owner/Legal Representative Signature: Da  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 the	.te:			
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.  SEE ATTACHED SITE SKETCH				
The same training and the same training and the same state of the colloctions of this permit.	SEE MINCHED SHE SKEICH			
Authorized State Agents	77			
Authorized State Agent: Date: 10 31	2/122			
Construction Authorization Expiration Date: 10	31/22			

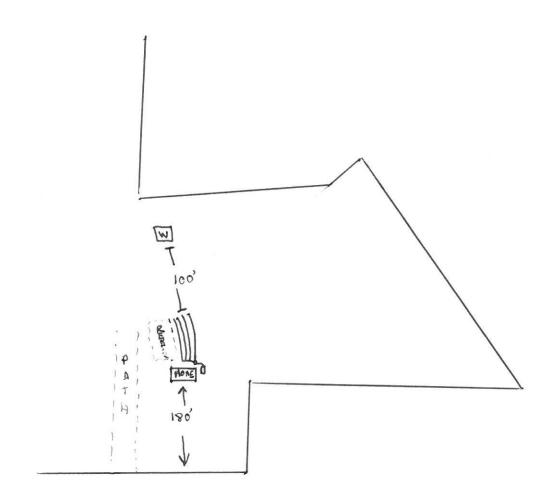
## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: JOE COLLINS RO

SUBDIVISION CAD COLLINS LM LOT # 1-A

Date: 10 31 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:		1		
Address:	Act of the second	Date Evaluate	d: 10/20/17		
Proposed Facility:	J 8000	Design Flow (	1949): 24000	Property Size	2:
Location of Site:	~	Property Reco	rded:		
Water Supply:	Public	☐ Individual	☐ Well	☐ Spring	Other
Evaluation Method	: Auger Boring		Pit 🔲 (	Cut	
Type of Wastewate	r: 🛛 Sewa	ge 🔲	Industrial Process	☐ Mixed	

P R O F 1 .1940 L Landscape			SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
E #	Landscape Position/ Slope %	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
)	L7 2-5	0-12	6 L	gulen stru					
		17-130	58 X C	FRSIP					PS . 3
l				l. o					
2			G L 多以 C	VAR WIVE					P5 .3
			3,00,000		7.550				
				-	***************************************				

Description	Initial	Repair System	Other Factors (.1946):
	System/	/	Site Classification (.1948):
Available Space (.1945)	1	,	Evaluated By: 0\
System Type(s)	COL	CON	Others Present:
Site LTAR	1-34	.3	