Harnett County Department of Public Health

Improvement Permit

, and the second	building permit cannot be issued with only an Improvement Permit	David Bennyalitativati 60
M 11	PROPERTY LOCATION: WIZLIE	-AMERON
ISSUED TO: MOSS HOMEBULL		LOT #
NEW REPAIR EXPANSION	N Site Improvements required p	rior to Construction Authorization Issuance:
Type of Structure: SED (60 ×55)		
Proposed Wastewater System Type: 25% Rec	DUCTION DISTEM	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occu	pants: 6 max	***************************************
Basement □Yes ➤ No		
The state of the s	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public	Wall Distance from wall foot	Danmid scalid form
Permit conditions:	Well Distance from Well leet	Permit valid for: Five years
Termit conditions.		No expiration
Authorized State Agentu	RENS Date: 11)20 17	
Authorized State Agent:	Date: 1) 3-0 17 Itees the insulance of other permits. The permit holder is responsible for checking with	SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan plat or the intended use	ntees the institute of other permits. The permit holder is responsible for checking with changes. The improvement Permit shall not be affected by a change in ownership of t	h appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit.	the site. This permit is subject to compliance with the provisions of
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this	nermit and shall he met Systems shall he installed in accordance
with the attached system layout.	and the same of th	permit and shall be mee. Systems shall be installed in accordance
M- />		<u></u>
ISSUED TO: MOSS FLOMEBUILDE	PROPERTY LOCATION: WILLI SUBDIVISION CENTRELLA	E LAMBRON
	SUBDIVISION CENTRELLA	LOT #
Facility Type: SFD (60785)	New 🗆 Expansion 🗆 Repair	
1 11	tures? Yes No	
Turn of Warrant Courses	EDUCTION SYSTEM (In	
	EDUCTION SYSTEM (In	itial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	0	
25%	RED. Sys. (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons		h Spacing: _ 9 Feet on Center
Pump Tank Size gallons		
Tulip Talik Size gallolis		
		eximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4" 36	5" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
	- P.	
Conditions	Aggre	egate Depth: inches above pipe
Colluttions.		inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR	ARFA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept	pt the specifications of this permit.
	,, , , , , , , , , , , , , , , , , , , ,	,
Owner/Legal Representative Signature:		Date:
This Construction Authorization is subject to revocation if the site plan	lat, or the intended use changes. The Construction Authorization shall not be transfer	Date.
construction Authorization is subject to compilance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this	s permit. SEE ATTACHED SITE SKETCH
the file	~	1 (
Authorized State Agent:	PGH5 Date:	7)06(77
	Construction Authorization Expiration Date:	1) 30/33
	The section rection Laboration Date.	10000

Harnett County Department of Public Health Site Sketch

ISSUED TO: Moss	HOMEBUILDERS PROPERTY LOCATON: WILZIE CAMERON	OT #
Authorized State Agent:	REN 627162 70214500 Date: 11 20 17	
	125	
	REPAIR ARBA 192- HOUSE 55 (- 32 >	
	40° 10° 10° 10° 10° 10° 10° 10° 10° 10° 1	
	7.652	

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:					
Address:		Date Evaluate	d:)		
Proposed Facility: 3	305W	Design Flow (.1949):37	60502	Property Size:	
Location of Site:		Property Reco		0 (
Water Supply:	Public	Individual		Well	☐ Spring	Other
Evaluation Method:	Auger Boring		Pit	Cut		
Type of Wastewater:	Sewag	e \square	Industrial	Process	☐ Mixed	

P R O F I .1940		SOIL MORPHOLOGY		OTHER PROFILE FACTORS					
E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
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		33-48	S&K SCL	Fn 55/40	10427/2042		1		PS-5
									- 7
2	15	0.30	0 9	WED AS NO					
		30-41	591K56L	FQ 55/19	1642 7/2 E38				P3
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100 779211					1 1 <u>4</u>				
					7 (
							*, **		

Description	Initial	Repair System	Other Factors (.1946):
	System	1	Site Classification (.1948): \(\)
Available Space (.1945)	1		Evaluated By: 01
System Type(s)	2570	REP	Others Present: _
Site LTAR	- 5	.5	Supply March 12 (2004) Supply Supply Control