29828

HTE# 17-5-43004

Harnett County Department of Public Health

Improvement Permit

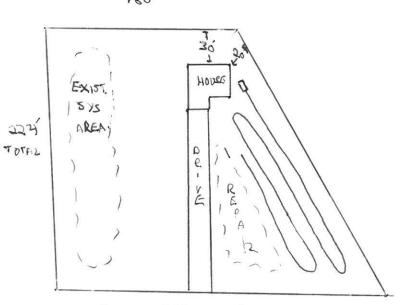
	A building permit cannot be issued with only an Improvement	ent Permit	
UMALONIONA ANDONIO	PROPERTY LOCATION: ROSSES	2 PITTMAN RD	
NEW REPAIR TO EXPANS	ON C SUBDIVISION GROVED	SALULA	LOT # _ 1
NEW REPAIR DEXPANS Type of Structure: 5 FO (36° ×39') Proposed Wastewater System Type: 25% Results Proposed Wastewater System Type: 25% Results	on improvements	required prior to Construction Author	rization Issuance:
Proposed Wastewater System Type: 25% REDU	65104 Sx53EM		
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occi	upants: 8 max		
Basement 🗆 Yes 💢 No			
Pump Required: □Yes ➤ No □ May be req	uired based on final location and elevations of facilities		
Type of Water Supply: Community Rublic	☐ Well Distance from well feet	Permit valid for:	Five years
Permit conditions:			☐ No expiration
Authorized State Agent::	1. 1.0		
The issuance of this permit by the Health Department in no way guar	26713 Date: 1 25 18	SEE AT	TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, of the intelliged use	antees the issuance of other permits. The permit holder is responsible for changes. The Improvement Permit shall not be affected by a change in over	checking with appropriate governing bodies in	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition	ins of this permit	rice stup of the site. This permit is subject to	compliance with the provisions of
	Construction Authorization		-
The construction and installation requirements of Rules 1950, 1952	(Required for Building Permit) 1954, 1955, 1956, 1957, 1958. and 1959 are incorporated by reference	ii.	
with the attacled system layout.			
ISSUED TO: JUAN ANTONIO LEMUS	SUBDIVISION GROVES	SER PITIMAN RO	
6==10:4000	SUBDIVISION GROVER	C. PRINCE	LOT # 1
racility Type: 310 (36131)	🔼 New 🗌 Expansion 🗌 Repair		
Basement? Yes No Basement Fix	tures? Yes No		
	tures? Yes No EDUCTION SYSTEM	(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable □)	0 0		GI D
25%	RED. Sys. (Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size 1000 gallons	Exact length of each trench 400 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6-16 i	inches
E SENSO SEANNESSE AND THE SENSON SENS	Maximum Trench Depth of: 18-28 inches		
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	
	in all directions)	30 above the trench bott	om)
Pump Requirements:ft. TDH vs	GPM		P. r. T. r
	_ 3111	Aggregate Dougle	inches below pipe
Conditions:		Aggregate Depth:	NAME OF THE PARTY
			inches total
WATER LINES /INCLUDING IRRIGATION) AND T	OF TOTAL FROM ANY PART OF SERVICE SYSTEM OF		
WATER LINES (INCLUDING IKKIGATION) MOSTE	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELD AREA.		
**If applicable: I understand the system type specified	is different from the type specified on the application	n. I accept the specifications of the	his permit.
Owner/Legal Representative Signature:			2
This Construction Authorization is the site plan to	lat, or the intended use changes. The Construction Authorization shall not	Date:	
construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the condit	be transferred when there is a change in ow	
	The condition of the condition and proposal and to the condition	ons or this permit. SEE A	ATTACHED SITE SKETCH
Authorized State Agent:	OBUS -	120/20	
nutiforized state Agent.		1/32/18	
	Construction Authorization Evniration [late: Unclas	

Harnett County Department of Public Health Site Sketch

ISSUED TO: JUAN ANTONIO LEMUS CHAVEZ SUBDIVISION GROVER C. PRINCE MEDIS (OLIVER TOLKSDORE) Date: 1 Authorized State Agent:

* HOUSE PREVIOUSEY ON LOT WASCH FOR ANY POSSIBLE EXISTING UTILITIES

160



ROSSER PITTMAN RD

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

Applicant:

Owner:

Description

System Type(s)

Site LTAR

Available Space (.1945)

Initial

System

Repair System

RO

Sheet: Property ID: Lot #: File #: Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

SOIL MORPHOLOGY I 1940 L Landscape Position/ Slope % I 1941 # Slope % I 1941 Structure/ Texture Mineralogy Color Depth (In.) Soil Sapro Restr Cl Wetness/ Soil Sapro Depth (In.) Class Horiz POSI I 1943 Soil Sapro Depth (In.) Class Horiz POSI I 1944 Soil Sapro Depth (In.) Class Horiz POSI I 1945 Soil Sapro Depth (In.) Class Horiz POSI I 1945 Color Depth (In.) Class Horiz	ess: seed Facility: L ion of Site: Supply: ation Method; of Wastewater	☐ Auge	Date Design	200.000	Well ☐ Spring		her		
Fosition/ Slope % In 1941 Structure/ Texture 1941 Consistence Mineralogy 1943 Soil Sapro Class 1944 Restr Color 1944 Restr Color 1945 1946 194	P R O F I .1940				PROFILE FACTORS				
1 0-2 6-14 6 LS VET NS/NO 14-44 33× C FOS) P 10-12-7 Dec 41" 2 0.15 6 LS VET 18/NO	Position/ Slope %	Depth	Structure/	Consistence	Soil Wetness/	Soil	Sapro	Restr	Profile Class & LTAR
2 0.15 G LS VERIX NO	0-2	5-14	G LS	owen my					
2 0.15 C LS NA. 18/108 15.32 SBK C FQ 5/8 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1	4-44	33× C	Fns)8	10127 2241"				85
1520 58x C Fa slp		3-15	C LS	4E0 12/210					
	,	15-42	58x C	Fa sle			a - 4		15.3
		-							

Other Factors (.1946): Site Classification (.1948):

Evaluated By:

Others Present: