29874

HTE# 18-5-43196

## Harnett County Department of Public Health

Improvement Permit

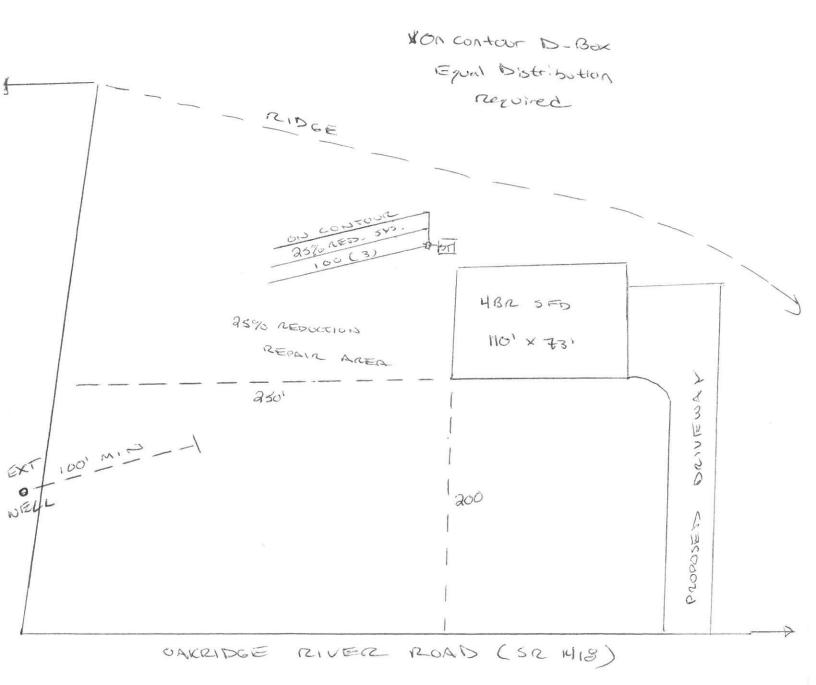
A building permit cannot be issued with only an improvement Permit	2) (SQ 1416)
ISSUED TO: Rochard B. Spars SUBDIVISION PROPERTY LOCATION: Cookeridge River	10T #
NEW □ REPAIR □ EXPANSION □ Site Improvements required prior to Co	
Type of Structure: 432 110' x 73' SFS	onstruction Authorization issuance.
Proposed Wastewater System Type: 25% neduction 5,5.	
Projected Daily Flow: 460 GPD	
Number of bedrooms: 4 Number of Occupants: 8 max	
Basement Yes No	
Pump Required: ☐Yes ☐ No ☐May be required based on final location and elevations of facilities	
	rmit valid for: Five years
Permit conditions:	No expiration
	— · · · · · · · · · · · · · · · · · · ·
Authorized State Agent: Date: 03/02/2018	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 appropria	
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. Thi the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	s permit is subject to compliance with the provisions of
the cars and notes for senage meanitiff and obsposal and to conditions of this permit.	
Canadamadian Audhaninadian	
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
with the attached system layout.	
ISSUED TO: Richard B. Seas PROPERTY LOCATION: Ochkridge as	Liver Rd. (SQ 1418)
CURDIVISION	INT #
Facility Type: 432 116' x 73' S S New Expansion Repair	LOT #
	11 46- 000
Type of Wastewater System** 25% reduction 5,000 (Initial) Wastewater System*	astewater flow: GPD
(See note below, if applicable □)	
Installation Requirements/Conditions  Number of trenches 3  (Repair)	
	9
	g: Feet on Center
Pump Tank Size gallons	inches
Maximum Trench Depth of: 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 De	
Conditions: On Contar D-Box Equal Distribution Required	NA inches total
Conditions. On Contact of Sur 2700 Contact Regulation	inches total
WATER LINES (INCLUDING INDICATION) MUST BE 10FT FROM ANY PART OF SERVIC SYSTEM OR REPAIR ARE	
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 s	necifications of this permit
- Approached and the system type specimes is universe from the type specimes on the approached. I accept the sy	pecineations of this perinit.
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 t	here is a change in augustic of the cite. This
Construction Authorization is subject to revocation in the site plan, plan, or the intended use changes. The construction Authorization shall not be transferred when the 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
reaction reaction is subject to compliance with the provisions of the Earl's and halles for sewage freatment and disposal and to the contollous of this permit.	SEE MINUILD SHE SMEICH
Authorized Circulators of Control Circulators of Circulators of Control Circulators of Circ	112016
Authorized State Agent: Date: 03/	
Construction Authorization Expiration Date: 03/	02/2023

HTE# 18-5-43196

Permit # 29874

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Richard B. Seass	PROPERTY LOCATON:SUBDIVISION	Oakridge	RIVER PLAT (SK 1418)
Authorized State Agent:	Com a	Date:	03/02/2018



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: Richard B Sear Polical Baddress: October River 7 1 Date Evaluated: 01/06/2018		
Address: October Rues 72 Date Evaluated: Design Flow (.1949): 480 Graph Property Recorded: Property Recorded	Property Size: W.55AC	
Water Supply: Public Individual Well	☐ Spring ☐ Other	
Evaluation Method: Auger Boring Pit Cut Type of Wastewater: Sewage Industrial Process	Mixed	

P R O F I	.1940		SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L 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
i	L 3%	0-24	62 LS	var syst the					PS
		24-38	BK SEK	Ea 549 4 Cg	7.54r7,036"	38			0.4
373	L 3%	0-24	62 15	VOL 44 1648					
	3	24-36		EN 3558 468					PS
		36+	Pascot	-		36			6.4
2	L 3%	0-24	62 LS	var 44P kg					P5
		24-38	BK SU	FA 5/1/16	7.54071.@34"	38			0.4

Description	Initial	Repair System	Other Factors (.1946):	
	System		Site Classification (.1948):	Provisionally Suitable
Available Space (.1945)	1			
System Type(s)	25% Med	2.5% act	Others Present:	KIIO COLO
Site LTAR	12.4	0.4		