HTE# 18-5-4321902

Harnett County Department of Public Health

Improvement Permit

A D	uilding permit cannot be issued with only an Improvement PROPERTY LOCATION: 330 E.	Permit Same 1
ISSUED TO: TRIPI ANTHONS	SUBDIVISION SUBDIVISION	LOT #
NEW → REPAIR □ EXPANSION	The state of the s	quired prior to Construction Authorization Issuance:
Type of Structure: SFO (60 × 67)		quita proti to construction Authorization issuance.
Proposed Wastewater System Type: Convention	VAL	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupar	nts:max	
Basement Yes No		
	d based on final location and elevations of facilities	
Type of Water Supply: Community Public Permit conditions:	Well Distance from well 100 feet	Permit valid for: Five years
Territe Conditions.		☐ No expiration
	2 1	
Authorized State Agent::	REHS Date: 2 2 17	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantee	s the assuance of other permits. The permit holder is responsible for che	ecking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use char the Laws and Rules for Sewage Treatment and Disposal and to conditions of	iges. The Improvement Permit shall not be affected by a change in own	ership of the site. This permit is subject to compliance with the provisions of
the Laws and rules for sewage freatment and disposal and to conditions of	t this permit.	
	C	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.	, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
50 Colonia (1986)		
ISSUED TO: TRIPL ANTHONY	PROPERTY LOCATION: 33C	ELLIS STEWART LN LOT#
	SUBDIVISION	LOT #
Facility Type: SFO(60×67)	New Expansion Repair	
Basement? Yes No Basement Fixtur		
	Janoi	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable		(mila) Hasterfacer Flow GIV
	No Low M. C. (Repair)	
Installation Requirements/Conditions	Number of trenches	
	Exact length of each trench 90 feet	Trench Spacing: 9 Feet on Center
	Frenches shall be installed on contour at a	Soil Cover: 6 inches
	Maximum Trench Depth of: inches	(Maximum soil cover shall not exceed
	The contract of the contract o	36" above the trench bottom)
	n all directions)	30 above the trench bottom)
Pump Requirements:ft. TDH vs		in the challenge is
1 amp requirements1t. 1bit 45	GI II	inches below pipe
Conditions:		Aggregate Depth: inches above pipe
conditions.		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE	TOTAL FROM ANY DIRECTOR OF CERTIC CUCTON OF A	
WATER LINES (INCLUDING IRRIGATION) MUST BE	TUFF, FROM ANY PART OF SEPTIC SYSTEM OR R	REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IN FIELD AREA.	
**If applicable: / understand the system type specified is	different from the type specified on the application	I accent the specifications of this permit
	and appreciation.	raccept the specifications of this perimit.
Owner/Legal Representative Signature:		Date:
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	e transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the	Laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SITE SKETCH
		222 772 772 772 772 772 772 772 772 772
Authorized State Agent:	PEHS Date:	2) 28/18
State Maria	Construction Authorization Expiration D	
	CONSTINCTION MATHOLITY OF EXPILATION D	alt. DIMINA

Harnett County Department of Public Health Site Sketch

-	_ \	PROPERTY LOCATON: 3	30 Ellis Steward	< LN
ISSUED TO: 100	1 graight	SUBDIVISION	-	LOT #
Authorized State Agent: _		GUS OLIVER TO LESSO	Date: 2 28 18	
	<i>y</i> * •		MEGT ONSITE	D LAYOUT
	1 NITI	2	*DODWING N	OT TO SCALE
90 NP	ASPU ASPU	House	C18 ACRE LOT	
	T			

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:	Da	ate Evaluated:		
Proposed Facility:	De	esign Flow (.1949): 36 (1949)	Property Size:	
Location of Site:		operty Recorded;		
Water Supply:		Individual Well	☐ Spring	Other
Evaluation Method	d: Auger Boring	☐ Pit ☐ Cu	t	
Type of Wastewat	er: Sewage	☐ Industrial Process	☐ Mixed	

					W				
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
イン	CICAL								
		0"~	53KC	F1 3/P	CD & 2 8", +				US
て	PICEL P3								
		0-18	G LS	VAN 115/10P FAL 55/5P					
		18-43	53 K SCL	FAL 55/5P					P5,35
									
			70		E				

Description	Initial	Repair System	Other Factors (.1946):
STORY - STORY OF THE PROPERTY	System /		Site Classification (.1948): (1948): (1948)
Available Space (.1945)		J	Evaluated By:
System Type(s)	CGN	Can	Others Present:
Site LTAR	. 36	-35	