

HTE# 18-5-43515

Harnett County Department of Public Health

29927

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Daniel R. Peters PROPERTY LOCATION: NC 210 No. LOT # _____

NEW REPAIR EXPANSION SUBDIVISION _____

Type of Structure: 332 60'x43' SFD Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: 25% Reduction Sys.

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement Yes No

Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well _____ feet

Permit conditions: Pump may be required if fall can not be maintained Permit valid for: Five years No expiration

Authorized State Agent: [Signature] Date: 03/26/2018 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 appropriate governing bodies in meeting their requirements. This 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 permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

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: Daniel R. Peters PROPERTY LOCATION: NC 210 No. LOT # _____

Facility Type: 332 60'x43' SFD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Number of trenches 1

Pump Tank Size _____ gallons Exact length of each trench 225 feet

Trenches shall be installed on contour at a Trench Spacing: 9 Feet on Center

Maximum Trench Depth of: 18 → 24 inches Soil Cover: 6 → 12 inches

(Trench bottoms shall be level to +1-1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: NA inches below pipe
NA inches above pipe
NA inches total

Conditions: Four (4) (60ft approx) distribution lines may be used if contour allows. Pump may be required if fall cannot be maintained

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 specifications of this permit.

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 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 conditions of this permit.

Authorized State Agent: [Signature] Date: 03/26/2018 SEE ATTACHED SITE SKETCH

ANDREW CURRIN Construction Authorization Expiration Date: 03/26/2023

HTE# 18-S-43515

Permit # 29927

Harnett County Department of Public Health Site Sketch

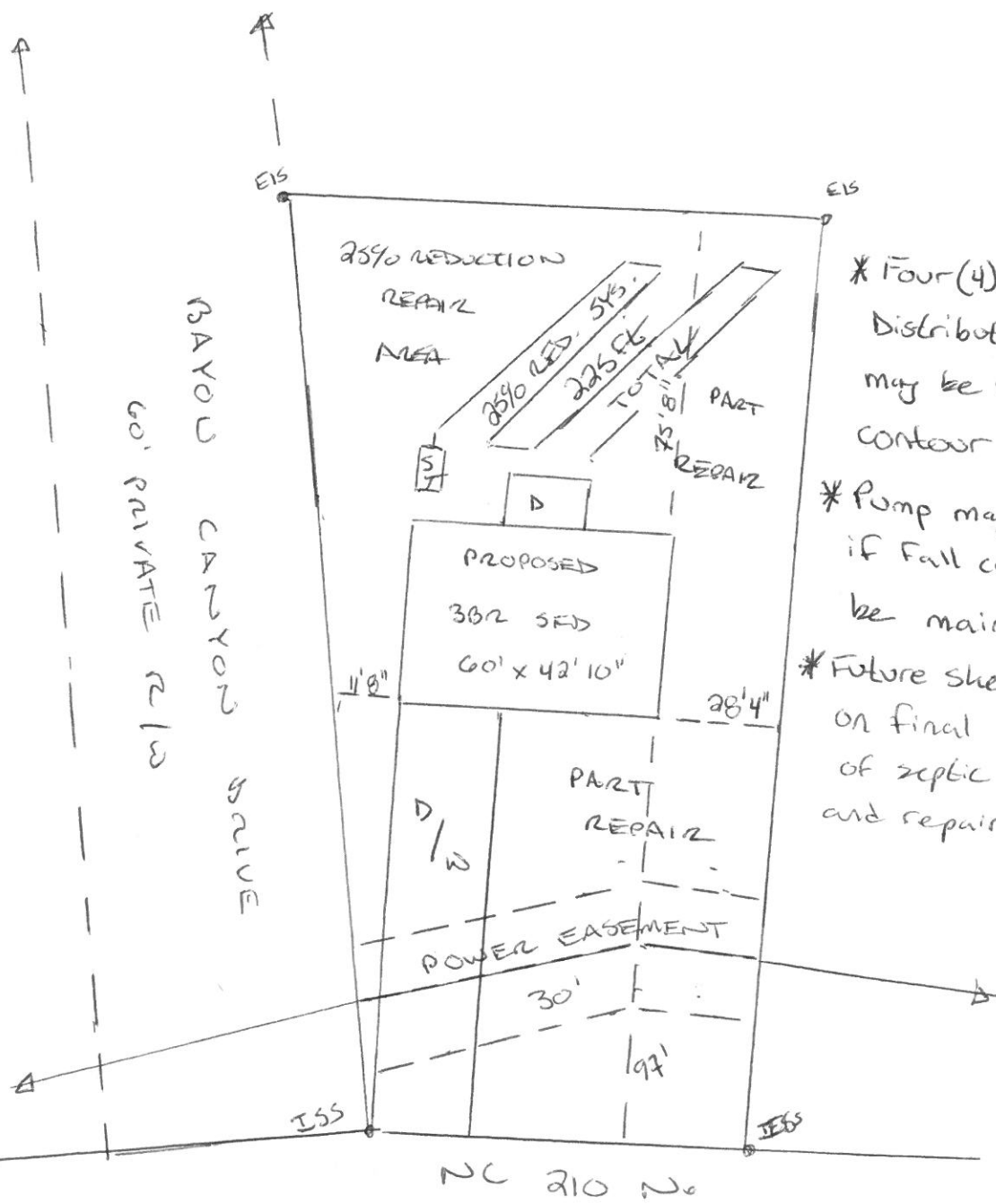
ISSUED TO: Daniel R. Peters

PROPERTY LOCATOR: NC 210 No

Authorized State Agent: *[Signature]*
ANDREW CURRIN

SUBDIVISION _____ LOT # _____

Date: 03/26/2018



- * Four (4) 60ft Equal Distribution lines may be used if contour allows
- * Pump may be required if Fall can not be maintained
- * Future shed depends on final location of septic system and repair area

**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner: — Applicant: Donnie Peters
 Address: NC 210 W. Date Evaluated: 03/20/18
 Proposed Facility: 302 SFS Design Flow (.1949): 306 GPD Property Size: 0.48 AC
 Location of Site: 302 SFS Property Recorded: 405
 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 L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1,5	L 3-4%	0-20	GR LS	VRL NSNP 7/24					
		20-46	DR SCL	FR 4/18 7/24					PS
		46+	Percent moist	—		46			0.4
2,3		0-24	GR LS	VRL NSNP 7/24					PS
		24-48	DR SCL	FR 8/18 7/24		48			0.4
4		0-14	GR LS	VRL NSNP 7/24					
		14-38	DR SCL	FR 5/18 7/24					PS
		38+	Percent moist	—		38			0.4

Description	Initial System	Repair System	Other Factors (.1946):
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Site Classification (.1948): <u>Provisionally Suitable</u>
System Type(s)	<u>25% Ind</u>	<u>25% ReB</u>	Evaluated By: <u>Andrew Corrin, NEMS</u>
Site LTAR	<u>0.4</u>	<u>0.4</u>	Others Present: