30025

HTE# 18-5-4352R

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

•	PROPERTY LOCA			
ISSUED TO: LYON BUILDERS	1 ~ C SUBDIVISION	11011.		LOT # 4
NEW ☐ REPAIR ☐ EXPANSIO	Avvices of the second of the s	Site Improvements rea	quired prior to Construction Author	
Type of Structure: SFO (55×61)				
Proposed Wastewater System Type: 25% RED	UCTION SYSTEM			
Projected Daily Flow:GPD				
Number of bedrooms: 4 Number of Occu	pants: 8 max			
Basement Yes No				
Pump Required: Yes No May be required:	ired based on final location and elev-	ations of facilities		~
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well	feet	Permit valid for:	Five years
Territic Collations.				☐ No expiration
		^	****	
Authorized State Agent::	REHS Date:	3 29 K	CEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permi	t holder is responsible for che	cking 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 owner	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit			
		.1		
	Construction Au	<u>thorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.		_		
ISSUED TO: LYON BUILDERS 1	N C PROPERTY	LOCATION: G	eIFFIN RO	
ISSUED TO: LYON BUILDERS 1	DISIVIDANS	ON	~	LOT # 4
Facility Type: SFO (55'×(1)	SUBDIVISIO DE Expans	sion 🗆 Repair		LOT #
	tures? Yes No	non in nepan		
Type of Wastewater System** 25%. R	tures? □ Yes □ No にひしていのい ちゃっち	Em	(Initial) Wastawatar Flows	480 GPD
(See note below, if applicable		- V	(IIIItiai) Wastewater riow.	GPD GPD
25% R	ED. Sys.	_(Repair)		
Installation Requirements/Conditions	Number of trenches \(\begin{array}{cccccccccccccccccccccccccccccccccccc	_(nepail)		
Septic Tank Size 1000 gallons	Exact length of each trench 3	500 foot	Trench Spacing:	Fact on Contra
Pump Tank Size gallons	Trenches shall be installed on co			nches
ganons	Maximum Trench Depth of:			
			(Maximum soil cover shall r	
	(Trench bottoms shall be level t	0 +/-1/4	36" above the trench bott	om)
Pump Requirements:ft. TDH vs	in all directions)			
rump kedulrementsit. IDH VS	_ ערוז		A	inches below pipe
Conditions			Aggregate Depth:	The same of the sa
Conditions:				inches total
MATER LINES (INCLUDING IRRIGATION) LINES I				
NATER LINES (INCLUDING IRRIGATION) MUST B	SE TOFT. FROM ANY PART OF S	EPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		₩	
**If applicable: I understand the system type specified	is different from the type specific	ed on the annlication	I accent the specifications of t	hic parmit
The specimen of the specimen o	is amerene nom the type speeme	d on the application.	Taccept the specifications of the	ins permit.
Owner/Legal Representative Signature:			Date	
This Construction Authorization is subject to revocation if the site plan, p	lat or the intended use changes. The Construc	tion Authorization shall not h	Date:	unership 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.	ATTACHED SITE SKETCH
			A	JIL JILLION
Authorized State Agent:	REHS	Data	3/29/18	
TOTAL STATE ASCITE				
	Construction Authori	zation Expiration Da	ate: 3/27/23	

HTE#	18-	5-	43528
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Permit # _ 30025

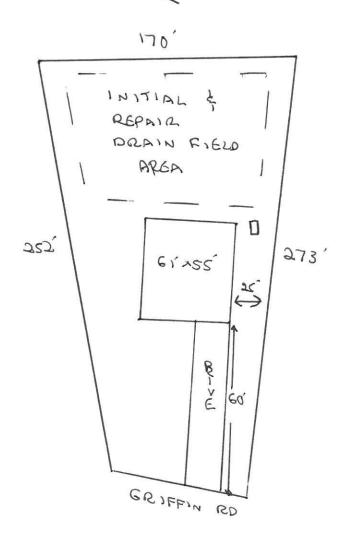
Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: GRIFFIN Ro

LOT # 4

Authorized State Agent: Date: 3 29 18



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: App	olicant:				
Address:		e Evaluated:	1		
Proposed Facility: 4	302m Des	ign Flow (.19	49): 4805(-)	Property Size:	
Location of Site:		perty Recorde			
Water Supply:	☐ Public ☐	Individual	☐ Well	☐ Spring	Other
Evaluation Method:	Auger Boring	☐ Pit		Cut	
Type of Wastewater:	Sewage	☐ Ind	ustrial Process	☐ Mixed	
				400	

P R O F I .1940			SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L 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
1	L5 2-5	0.50	G Ls	VFO NO/UP					
		20.40	8x C	Fn ss/sp	10-12-7)26-38		,,		P5
2		0-KJ	6 6	VFZ ~5/4P					
		14-36	SBKC	F1 33/58	صعو عک ["]				P3 .4
					10.000 100.000				
							NATURAL MENTAL NATURAL		
							a		

								L	

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)		1	Evaluated By:
System Type(s)	25%	(US)	Others Present:
Site LTAR	, 14	. 4	