HTE# 18-543899

## Harnett County Department of Public Health

### Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY	LOCATION: JOEL WAY	
ISSUED TO: MOSS HOMEBUILDERS SUBDIVISI	ON CENTRELLA	LOT # 4
NEW REPAIR REPAIR EXPANSION D	Site Improvements required prior to Construction Authoriz	
Type of Structure: SFD (50×50)		
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Proposed Wastewater System Type: <u>25% REDUCTION SYSTEM</u> Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> 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 we		Five years
Permit conditions:		$\Box$ No expiration
la -		1
	1	
Authorized State Agent:: Da	TE: 5 12 12 SEE ATTA	CHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the Department 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

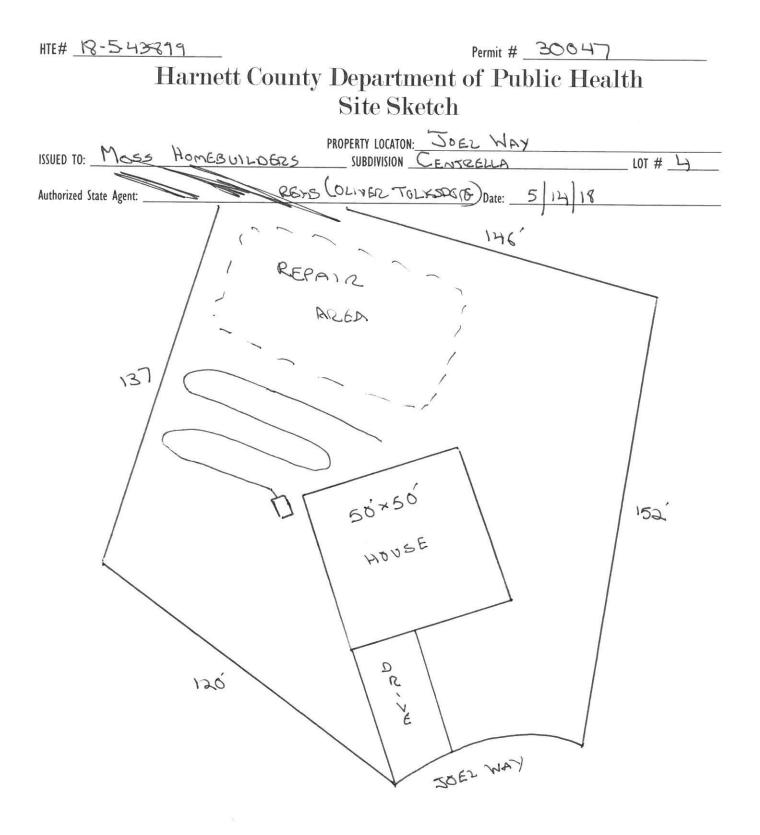
#### (Required for Building Permit)

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: MOSS HOM	EBUILDER	PROPERTY LOCATION:	OEL WAY	
0	(200	SUBDIVISION CENTR		4
Facility Type: SFD(50 × 0	50/	🔄 🖂 New 🗆 Expansion 🗆 Repa	ir	
Basement? 🗆 Yes 🔀 No	Basement Fixtu	ures? 🗆 Yes 🗆 <u>N</u> o		
Type of Wastewater System**	25% RI	COUCTION SYSTEM	(Initial) Wastewater Flow: _360	GPD
(See note below, if applicable $\Box$ )		2		
20 0.4996 50	25% R	COUCELON SX5Gm (Repair)		
Installation Requirements/Conditions		Number of trenches1		
Septic Tank Size 1000 g	allons	Exact length of each trench 150 feet	Trench Spacing: Feet on Center	
Pump Tank Size ga	allons	Trenches shall be installed on contour at a	Soil Cover: 6 inches	
		Maximum Trench Depth of: 18 inche	s (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 bel	ow pipe
			Aggregate Depth: inches ab	
Conditions:				hes total

# 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 spe	cifications of this permit.
Owner/Legal Representative Signature: Dat	e:
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 ther	e 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.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date:	3



Divisi	Department of Environment, Health and Natural Resources       Sheet:         Division of Environmental Health       Property ID:         On-Site Wastewater Section       Lot #:         File #:       File #:								
	for ON-S	SOIL/SITE EVALUATION Code: for ON-SITE WASTEWATER SYSTEM							
Owner Addre Propos Locati Water Evalua Type o	Owner:       Applicant:         Address:       Date Evaluated:         Proposed Facility:       BON         Design Flow (.1949):       Property Size:         Location of Site:       Property Recorded:         Water Supply:       Public         Individual       Well         Evaluation Method:       Auger Boring         Pit       Cut         Type of Wastewater:       Sewage								
P R O F I	.1940		1. States of Antipathon Antipa	DRPHOLOGY 1941		OTHER ROFILE FACTOF	2S		
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	50-2	0-30	65	VFR NS/4P					5.8
N		6-40	65	VEZNULAP					
			GJL	VFZ-AUTAP					5.6
3		0-36	Gs	VFRNSNP					
		3648	G 52	VFRNSNY VFRNSNY					S ip
							10 T.S		
							- 11		

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)	/		Evaluated By:
System Type(s)	25% 260,		Others Present:
Site LTAR	. 6	14	

1×150 € 18"