HTE# 18-5-213977

# Harnett County Department of Public Health

## Improvement Permit

A 1

A building permit cannot be issued will		
PROPERTY LOCA	ATION: JUNO DR	
ISSUED TO: LAMCO CUSSOM BUILDERS SUBDIVISION	TINGEN POINTE	LOT # 160
NEW REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Construction Authorizati	
NEW, REPAIR □ EXPANSION □ Type of Structure: SFD (28 > 46)		on issuance.
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 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 eleva	ations of facilities	
Type of Water Supply:  Community Public  Well Distance from well	The second	Five years
Permit conditions:	Environ Store Statements - Stat	□ No expiration

### **Construction** Authorization

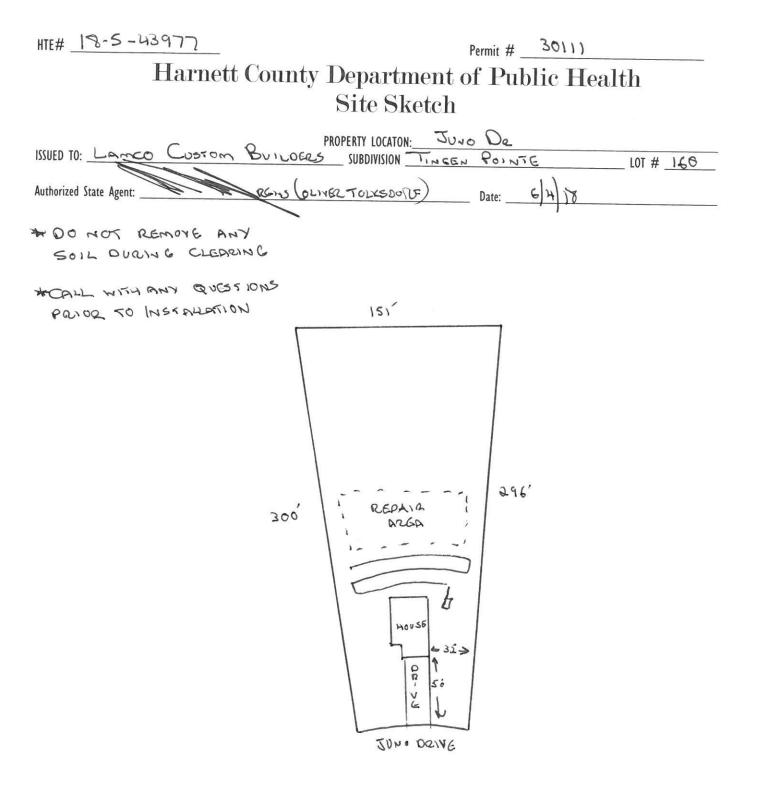
#### (Required for Building Permit)

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: LAMCO CUSSOM BI	PROPERTY LOCATION: 30	No Da
Facility Type: SFO (28×46)	🛛 New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🕅 No Basement Fix		2
Type of Wastewater System** _25% Re	QUESTION SYSTEM	(Initial) Wastewater Flow: $3cO$ GPD
(See note below, if applicable )	0	en e
25% 2	BUCTION SUS, (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench $\underline{\diamond 40}$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>18</u> 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 Depth: inches above pipe
Conditions:		inches 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 specification	ons 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 cha	ange 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:	



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

> SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Sheet: Property ID: Lot #: File #: Code:

Owner:	Applicant:		
Address:	Date Evaluated:		
Proposed Facility:	Design Flow (.1949):	Property Size:	
Location of Site:	Property Recorded:		
Water Supply:	Public Individual Well	Spring	Other
Evaluation Method	Auger Boring Dit Cut		
Type of Wastewate	r: Sewage Industrial Process	☐ Mixed	

P R O F I .1940 L Landscap E Position/		Horizon Depth	SOIL MORPHOLOGY .1941 .1941 .1941		OTHER PROFILE FACTORS				Profile
#	Slope %	(In.)	Structure/ Texture	Consistence Mineralogy	Wetness/ Color	Soil Depth (IN.)	Sapro Class	Restr Horiz	Class & LTAR
1	25	0-32	GSL	NEN is Inp					
		N. S. C.	SBIK C	FD = ss/sp					P\$,35
		6-30	652	vie us/up					
		»» \$0	58xc	FN solsp	(cre) 20.32"				P5 ,35
		6 2°	G 52	VEN uslap					
		RO X	SBIKC	Pr solsp					P5,35

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): eS
Available Space (.1945)	5	1	Evaluated By:
System Type(s)	252 26DUK100		Others Present:
Site LTAR	1435	.35	

1× 260 @ 18"