30115

HTE# 18543978

Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with		Permit	
0	PROPERTY LOCATI			
ISSUED TO: LAMCO CUSTOM BU	1120625 SUBDIVISION _	TINGEN F	POINTE	LOT # 16)
NEW X REPAIR D EXPANSION Type of Structure: SEO (SO × 45)	l 🗆	Site Improvements requ	ired prior to Construction Author	zation Issuance:
Type of Structure: SEO (SO X45)			· Committee was a committee of the commi	
Proposed Wastewater System Type: 25% REDUC	2510 H SYSTEM			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupa	nate: G may	A		
	ants: max			
Basement Yes No				
	red based on final location and elevati			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Type of Water Supply: Community Public	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
De Maria	100000000000000000000000000000000000000			
Authorized State Agent::	REHS Date:	6 7 19	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	ees the issuance of other permits. The permit h	holder is responsible for chec	king with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be af	ffected by a change in owner:	ship 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			
		W-12-12-12-12-12-12-12-12-12-12-12-12-12-		
	Construction Aut	horization		
	(Required for Buildin	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 are	incorporated by references in	nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
	601			
ISSUED TO: LAMCO Cystom	DU ILO OLO PROPERTY	LOCATION:	POINTE	
(-:)	SUBDIVISIO	N TINGED	POINTE	LOT # <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>
Facility Type: SFO (STO 245)	New 🗆 Expansi	on 🗆 Repair		
Basement? Yes No Basement Fixt				
Dasement: List No Dasement Tixt	EDUCTION SYSTI	6 00	/I-::-D W	860 cm
	15000101 0 A211	E.41	(Initial) Wastewater Flow:	SCO GPD
(See note below, if applicable \square)	n - C			
25 %	RED. SYS.	_(Repair)		
Installation Requirements/Conditions	Number of trenches \			
	Exact length of each trench	feet	Trench Spacing: 9	Foot on Contor
Pump Tank Size gallons	Trenches shall be installed on con			nches
	Maximum Trench Depth of:	18 inches	(Maximum soil cover shall r	ot exceed
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bott	om)
	in all directions)			
D. B. C. TDII				to be defended as
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MIST R	F 10FT FROM ANY RARE OF CE	DTIC CVCTEM OD D	EDAID ADEA	10000
WATER LINES (INCLUDING IRRIGATION) MUST B	E TUFT. FROM ANY PART OF SE	HIIC 2121FW OK K	EPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
	7 22 2 1			
**If applicable: / understand the system type specified	is different from the type specified	d on the application.	I accept the specifications of t	this 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 Construct	tion Authorization shall not be	e transferred when there is a change in o	wnership of the site. This
				ATTACHED SITE SKETCH
Construction Authorization is subject to compliance with the provisions of	the Laws and holes for sewage freatment and	visposai allo to the conditio	nis or tills perilit. SEE	MINUILD JILL JALIUI
			-1 1	
Authorized State Agent:	REHS	Date:	C/7/18	
	Construction Authoriz		1 1 1 1	
	CONSTRUCTION AUTHORIZ	zativii Expirativii Da	alc. 1/2)	

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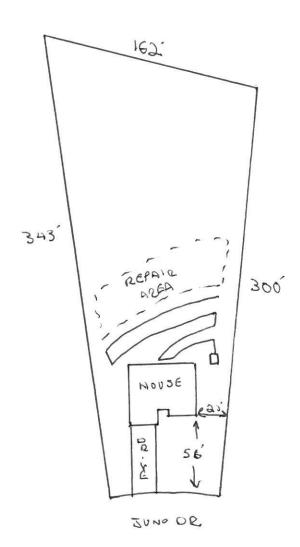
Permit # 30115

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: JUNO DR.

ISSUED TO: LAMCO CUSTOM BULDERS SUBDIVISION TINGEN POINTE LOT # 16)

Authorized State Agent: Color Color Tologo Date: 6 7 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:	Applicant:			
Address:		Date Evaluated:		
Proposed Facility:	38056	Design Flow (.1949): 360 4	Property Size:	
Location of Site:	15	Property Recorded:		
Water Supply:		☐ Individual ☐ Well	☐ Spring	Other
Evaluation Method:	Auger Boring	☐ Pit ☐ Cut		
Type of Wastewater		ge Industrial Process	☐ Mixed	

Profile Class & LTAR
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Description	Initial	Repair System	Other Factors (.1946):
· ·	System/		Site Classification (.1948):
Available Space (.1945)			Evaluated By:
System Type(s)	25%	7260	Others Present:
Site LTAR	124	14	