HTE# 18-5-44340

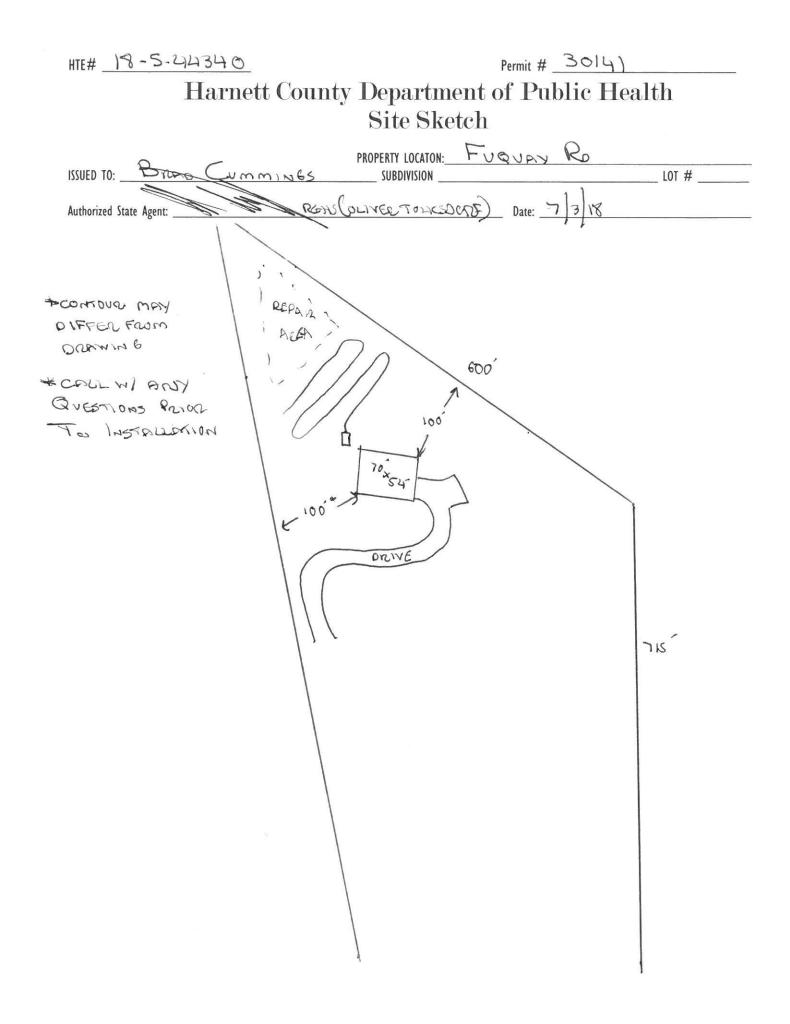
## Harnett County Department of Public Health

## Improvement Permit

l	building	permit	cannot	be	issued	with	only	an	Improvement	Permit

ISSUED TO: BRAD CUMMING							
NEW KEPAIR     EXPANSIO	PROPERTY LOCATION:		LOT #				
	NEW Site Improvements required prior to Construction Au						
Type of Structure: SFO (70 x54)							
Proposed Wastewater System Type: <u>Conversion</u> Projected Daily Flow: <u>480</u> GPD	UNPL						
Number of bedrooms: Number of Occupants: max Basement □Yes ☑No							
and a second sec	red based on final location and elevations of faci	ilition					
Type of Water Supply:  Community Public	Well Distance from well	feet Permit valid for:	Five years				
Permit conditions:			No expiration				
1010	1)						
Authorized State Agent::	REHS Date: 73	) SEE ATT	ACHED SITE SKETCH				
The issuance of this permit by the Health Department in no way guaran	tees the sseance of other permits. The permit holder is resp	onsible 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 ch the Laws and Rules for Sewage Treatment and Disposal and to condition:	nanges. The Improvement Permit shall not be affected by a c s of this permit.	hange in ownership of the site. This permit is subject to	compliance with the provisions of				
	Construction Authoriza	tion					
The construction and installation requirements of Rules .1950, .1952, .19	(Required for Building Permit)	by references into this permit and shall be met Susteme	shall be insulted in soundary.				
with the attached system layout.	51, 1755, 1756, 1757, 1756, and 1757 are incorporated	by references into this permit and shan be met, systems	snall be installed in accordance				
RELIED TO BOOM CHANNEL		0					
ISSUED TO: BRAD CUMMING	S PROPERTY LOCATION:	FUGUA! KO					
Facility Type: SED (70×54)	ZORDIAIZION		LOT #				
		] Repair					
	ures? 🗆 Yes 🗆 No		1.9 -				
Type of Wastewater System** Convens	IONAL	(Initial) Wastewater Flow:	GPD GPD				
(See note below, if applicable )	Car						
	SOUCEIUN SYS. (Repair)						
Installation Requirements/Conditions	Number of trenches 1	0					
Septic Tank Size 1000 gallons	Exact length of each trench $\rightarrow OO$	feet Trench Spacing:	Feet on Center				
	Trenches shall be installed on contour at a	Soil Cover: 6-D					
Pump Tank Size gallons	2.24		nches				
	Maximum Trench Depth of: 19-24						
	Maximum Trench Depth of: $19-213$ (Trench bottoms shall be level to +/-1/4"		ot exceed				
Pump Tank Size gallons	(Trench bottoms shall be level to $+/-1/4$ " in all directions)	_ inches (Maximum soil cover shall r	ot exceed				
	(Trench bottoms shall be level to $+/-1/4$ " in all directions)	_ inches (Maximum soil cover shall r 36" above the trench bott	ot exceed				
Pump Tank Size gallons	(Trench bottoms shall be level to $+/-1/4$ " in all directions)	_ inches (Maximum soil cover shall r 36" above the trench bott	oot exceed om) inches below pipe				
Pump Tank Size gallons Pump Requirements:ft. TDH vs	(Trench bottoms shall be level to +/-1/4" in all directions) _ GPM	_ inches (Maximum soil cover shall r 36" above the trench bott Aggregate Depth:	ot exceed om) inches below pipe inches above pipe				
Pump Tank Size gallons	(Trench bottoms shall be level to +/-1/4" in all directions) _ GPM	_ inches (Maximum soil cover shall r 36" above the trench bott Aggregate Depth:	not exceed om) inches below pipe				
Pump Tank Size gallons Pump Requirements: ft. TDH vs	(Trench bottoms shall be level to +/-1/4" in all directions) _ GPM	inches (Maximum soil cover shall r 36" above the trench bott Aggregate Depth:	ot exceed om) inches below pipe inches above pipe				

**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: Date:



Department of Environment, Health and Natural ResourcesSheet:Division of Environmental HealthProperty ID:On-Site Wastewater SectionLot #:File #:File #:									
SOIL/SITE EVALUATIONCode:for ON-SITE WASTEWATER SYSTEM									
Owner:       Applicant:         Address:       Date Evaluated:         Proposed Facility:       BORM       Design Flow (.1949):       Property Size:         Location of Site:       Property Recorded:       Property Recorded:         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	.1940			RPHOLOGY 1941	Р				
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
۱	25 25	0-30	G 52	VISA NOS JULP					
		30-28	SBKSKI	FN' SSAP					P1 -5
2		0-5	GSL	NEST 12 MB					
		13-40	G SL XSK CZ	VFR_ 14/18 Fr 55/5P					PS .4
3		0-18	G 32	VFR NU MP					
		18-40	ZOK GL	FR 35)5P					P5

Description	Initial	Repair System	Other Factors (.1946):
	System	1	Site Classification (.1948):
Available Space (.1945)			Evaluated By:
System Type(s)	CON	25-160	Others Present:
Site LTAR	.h	-4	