ITF#	177	-5	- 4	056	1
116/1		-		~ 0 -	

## Harnett County Department of Public Health

29144

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

DRODERTV LOCATION	C 1	N 1	( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
PROPERTY LOCATION:	66	N	INSINS

	THOTENTI EVENTION.		
ISSUED TO: 10mmy MCNEIL	SUBDIVISION		LOT #
NEW REPAIR EXPANSION	Site Impr	ovements required prior to Constructi	
Type of Structure: Or Bright (40×18)	_		
Proposed Wastewater System Type: 05/1 KGOUCSION 3	bien		
Projected Daily Flow: 100 GPD			
Number of bedrooms: Number of Occupants:	max		
Basement 🗆 Yes 🔀 No			
Pump Required: 🛛 Yes 🛛 🖾 No 🔅 🖓 May be required based on final	location and elevations of fa	cilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Dista	nce from well	feet Permit vali	id for: 🔀 Five years
Permit conditions:			No expiration
		2	
Authorized State Agent::	Date: V	15/17	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe	er permits. The permit holder is res	ponsible for checking with appropriate governir	1g 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.

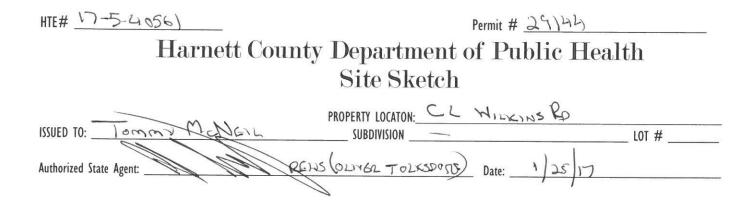
	<b>Construction</b> Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: TOMMY MCNGIL	PROPERTY LOCATION:	WILKINS
- 0	SUBDIVISION	LOT #
Facility Type: Out BUILDING	New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🖉 No 🛛 Basement Fixt	tures? 🗆 Yes 🛛 😾 No	
Type of Wastewater System** _ 25% RG	Tures? I Yes No DUCTION S-15-CM	(Initial) Wastewater Flow: 100 GPD
(See note below if applicable )	PED. Sys (Repair)	
Installation Requirements/Conditions	Number of trenches _ Ə	0
Septic Tank Size 1000 gallons	Exact length of each trench $30$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Trench Spacing: $9$ Feet on Center Soil Cover: $6 - 2$ inches
8 <b>-</b> )	Maximum Trench Depth of: 18-22 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

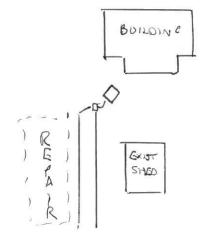
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.

## 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 app	oplication. 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	on shall not be transferred when there is a change in ownership of the site. This
Construction Authorization in subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to	o the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: $\frac{1}{25}$

5





Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM					P L F	heet: roperty ID: ot #: ile #: code:		1	
Locati Water Evalua	r:	Applican	t: Date Desig Prope Prope	Evaluated: n Flow (.1949): 1Ø rty Recorded:	Vell Spring	ze:	er		i a
P R O F I	.1940			RPHOLOGY 1941		OTHER ROFILE FACTOR	S		
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
J	0-2	0.58	65	VFLNS/VP					
		26-3(	Bx sci	VF2.25/28			_		85.4
d		0.20	65	VA uslup					
		20-38	SBXSQ	VA Nolvp					85, K
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Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948) # 5
Available Space (.1945)		4	Evaluated By: 🛇
System Type(s)	252	0250	Others Present:
Site LTAR	.22	R	