

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: BRENDA GONZALEZ
PROPERTY LOCATION: SABASTIAN LN
NEW [X] REPAIR [] EXPANSION []
Type of Structure: MAN HOME (14x70)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement [] Yes [X] No
Pump Required: [] Yes [X] No
Type of Water Supply: [] Community [X] Public [] Well
Permit valid for: [X] Five years [] No expiration

Authorized State Agent: [Signature] RGH Date: 4/25/17
SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance 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: BRENDA GONZALEZ
PROPERTY LOCATION: SABASTIAN LN
Facility Type: MAN HOME (14x70) [X] New [] Expansion [] Repair
Basement? [] Yes [X] No
Type of Wastewater System: 25% REDUCTION SYSTEM (Initial Wastewater Flow: 480 GPD)
25% Red. Sys. (Repair)

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size _____ gallons
Number of trenches 1
Exact length of each trench 240 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 12 inches
Maximum Trench Depth of: 24 inches
(Pump Requirements: _____ ft. TDH vs. _____ GPM)
Aggregate Depth: _____ inches below pipe, _____ inches above pipe, _____ 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 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RGH Date: 4/25/17
Construction Authorization Expiration Date: 4/25/22

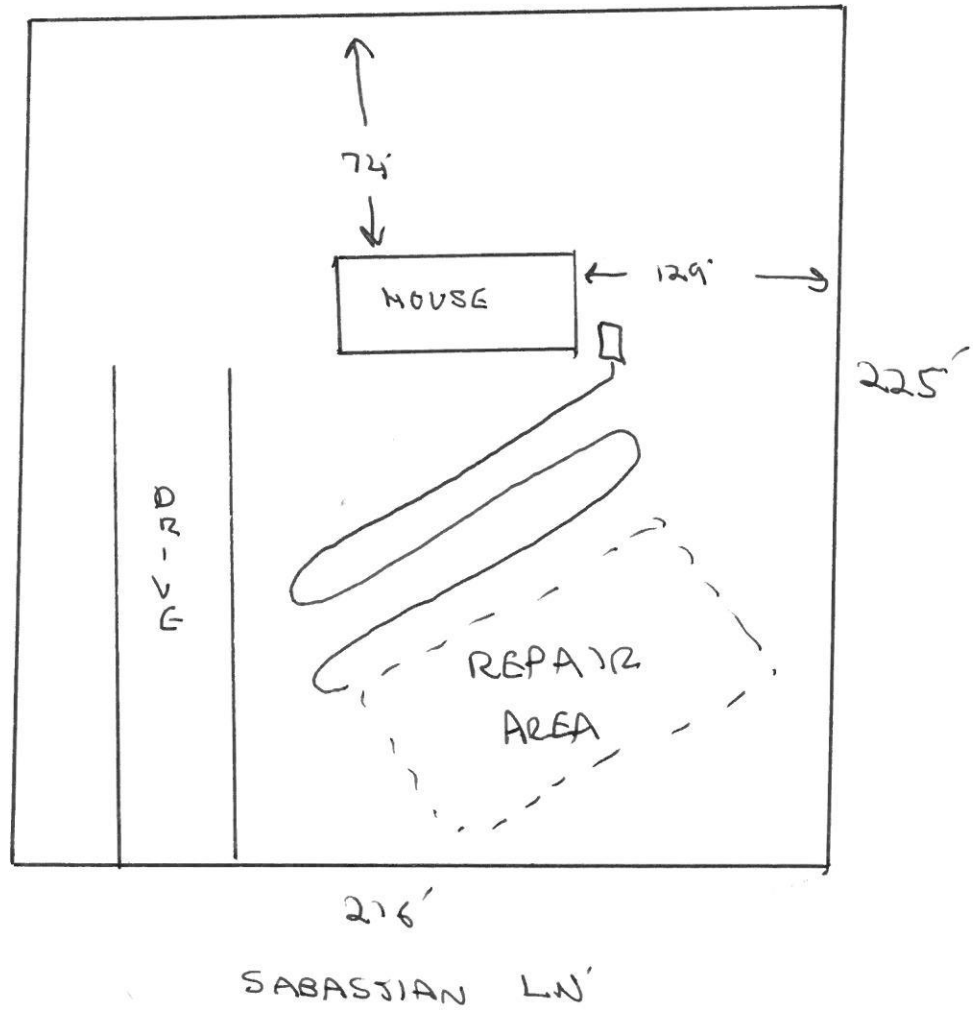
HTE# 17-5-41125

Permit # 29503

Harnett County Department of Public Health Site Sketch

ISSUED TO: BERNARD GONZALEZ PROPERTY LOCATOR: SABASTIAN LN
SUBDIVISION - LOT # 1

Authorized State Agent: ~~XXXXXXXXXXXXXXXXXXXX~~ REGIS (OLIVER JOHNSON) Date: 4/25/17



**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner: Applicant:
 Address: Date Evaluated:
 Proposed Facility: 4800^{er} Design Flow (.1949): 480 yed Property Size:
 Location of Site: 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 L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	<u>LS</u> <u>5-7</u>	<u>0-34</u>	<u>G SL</u>						
		<u>34-48</u>	<u>SL</u> <u>SBK SCL</u>						<u>PS .6</u>
R		<u>0-22</u>	<u>G SL</u>						
		<u>22-36</u>	<u>SBK SCL</u>						<u>PS .5</u>
		<u>36-48</u>	<u>G S</u>						
3		<u>0-14</u>	<u>G SL</u>						
		<u>14-38</u>	<u>SBK SCL</u>						<u>PS .3</u>
		<u>38-¹¹⁴</u>	<u>G S</u>						

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): <u>PS</u> Evaluated By: <u>[Signature]</u> Others Present: _____
Available Space (.1945)			
System Type(s)	<u>25% [Signature]</u>	<u>[Signature]</u>	
Site LTAR	<u>.5</u>	<u>[Signature]</u>	

1x240 @ 24" MAX