Harnett County Department of Public Health

Improvement Permit

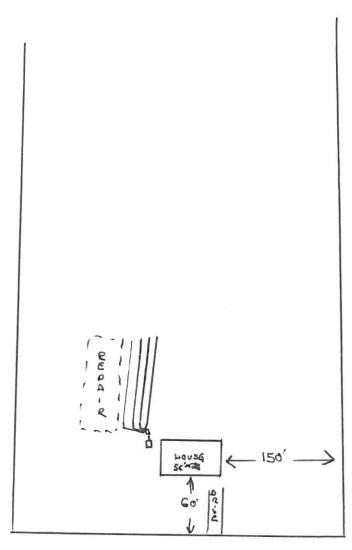
	A building permit cannot be issued with only an Improvement Permit
ISSUED TO: JOHN CANTER	PROPERTY LOCATION: 250 Logg Ro
, 2/1//1	Site Improvements required prior to Control Additional Control Additional Control of the Control
Type of Structure: Man Home (56)	
Proposed Wastewater System Type: Conver	MONAL
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Oc	ccupants: max
Basement □Yes > No	
Pump Required: □Yes → No □ May be re	equired based on final location and elevations of facilities
Type of water supply: Community Public	☐ Well Distance from well feet Permit valid for: Five years
Permit conditions:	□ No expiration
	——————————————————————————————————————
Authorized State Agent::	REI-15 Date: 2) 9 56 SEE ATTACHED SITE SKETCH
of this permit by the Health Department in no way gua	arantees the issuance of other permits. The permit shall not be affected by a charges. The Improvement Permit shall not be affected by a charge in the permit shall not be aff
the Laws and Rules for Sewage Treatment and Disposal and to condit	e 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 this permit.
	ions of this permit.
	Construction Authorization
The construction and installation requirements of Rules .1950, .1952.	(Required for Building Permit) .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.	1735, 1736, 1737, 1736. and 1739 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
1661150 70 —	
ISSUED TO: JOHN CANTER	PROPERTY LOCATION: 290 Loop Bo
Facility Type: Man Home (51'20	SUBDIVISION LOT #
Facility Type: MAN HOME 51 2	New □ Expansion □ Repair □ LUI #
N	xtures? Yes No
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(See note below, if applicable	Sign PL (Initial) Wastewater Flow: 360 GPD
CONVEN	(nepair)
Installation Requirements/Conditions	Number of trenches
Septic Tank Size 1000 gallons	Exact length of each trench 75 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons	Trenches shall be installed an contain at a
•	M. T. I. D. J. J. D. M. MICHES
	T I I I I I I I I I I I I I I I I I I I
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
Pump Requirements: 4 TDU	in all directions)
Pump Requirements:ft. TDH vs	inches below pipe
Con Ex	Aggragata Danelli
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO LITILITIES ALLOWED IN INITIAL OF DEDAIL OF	TOTAL TROM ANT PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept the specifications of this permit.
y specimen	americal from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	~~
This Construction Authorization is subject to the construction Authorization is subject to the construction and the construction are construction as a construction of the construction and construction are constructed as a construction of the construc	Date:
Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
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
	STE SILECTI
Authorized State Agent:	Date: 2)34 A
	Construction Authorization Expiration Date: 2 19 23
	CUISMUCTION Allthorization Expiration Date: 2104173

- 5-4	310412
	- 5-4

Permit # 2984)

Harnett County Department of Public Health Site Sketch

ISSUED TO: JOIAN CANGO	PROPERTY LOCATON: 290 LOOP RS	
ISSUED TO:	SUBDIVISION	LOT #
Authorized State Agent:	ENS (OLIVER TOLKSOORS) Date: 2/19/1	8



LOOP ED

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: Address:	Applicant: Date Evaluated:			
Proposed Facility: Location of Site:	Design Flow (.1949): Property Recorded:	Property Size:		
Water Supply: Evaluation Method:	☐ Public ☐ Individual ☐ Well	☐ Spring	Other	
Type of Wastewater		☐ Mixed		
P R				

P R O F I L E	.1940 Landscape Position/ Slope %		SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
		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
		0-10	GSL						
		10-36	55K &						
		36 43	53x cL		10/12/12/22				
				K			135		
			2						
			GSL					17	
		10-32	SBK C	3.3					
	711 20	32.44	584 CZ		10127/2042				
		0-11	(32						
		10-33	39x sul						P54
		3340.	53K SCLT						1
			2						-
		0-10	GSL						
		26-34	5316 SLI 93K SCLX						

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)			Evaluated By:
System Type(s)			Others Present:
Site LTAR			Others Present: