HTE# 18-5-43846

Harnett County Department of Public Health

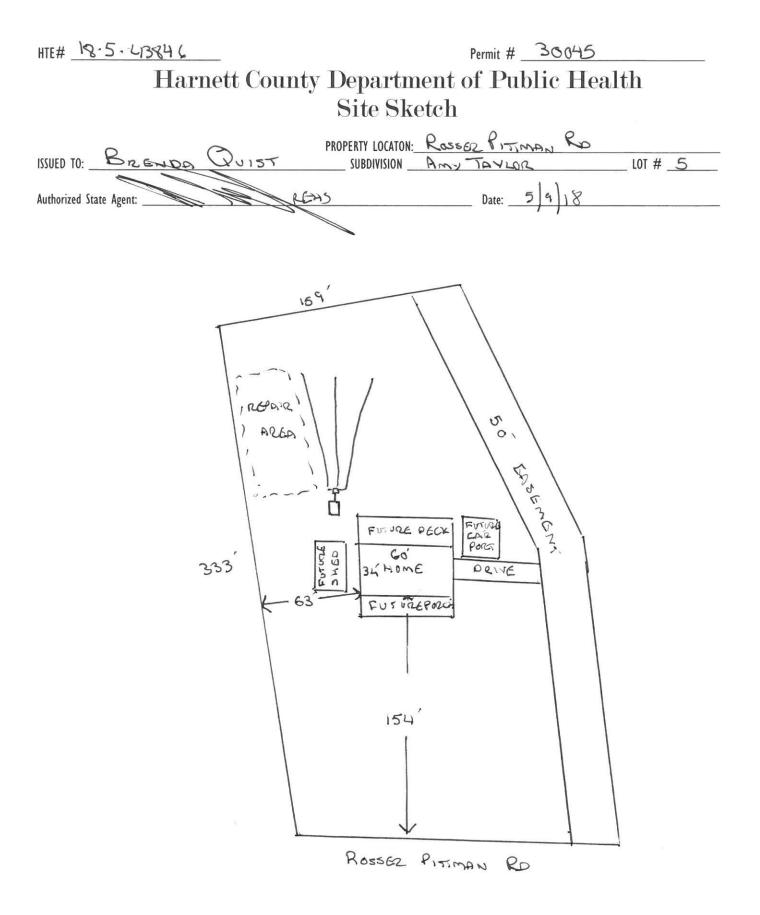
30045

Improvement Permit

A	building permit cannot be issued with			
P . G . =			PITTINAN RO	
ISSUED TO: BRENDAQUIST	SUBDIVISION	AMYTAY		LOT # <u>5</u>
NEW REPAIR C EXPANSION	N L a	Site Improvements re	quired prior to Construction Autho	rization Issuance:
Type of Structure: MAN. HOME (34	1160	// <u></u>		
Proposed Wastewater System Type: 25% REDU	CITAN DIDIEM			
Projected Daily Flow: <u>360</u> GPD	6	2-12-11-11-11-11-11-11-11-11-11-11-11-11		
Number of bedrooms: Number of Occup: Basement Yes No	ants: <u> </u>			
	red based on final location and eleva	ations of fasilities		
Type of Water Supply: Community Public			Permit valid for:	
Permit conditions:	well Distance from well	leet	remit valid for:	Five years
				□ No expiration
11				
Authorized State Agent::	RGMS Date:	5918	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	tees the issuance of other permits. The permi	t holder is responsible for ch	ecking with appropriate governing bodies in	n meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch	nanges. The Improvement Permit shall not be	affected by a change in own	ership 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	s of this permit			
A state of the sta				
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .19			into this permit and shall be met System	s shall he installed in accordance
with the attached system layout.		,,	····· ··· ··· ··· ··· ··· ··· ··· ···	
KUITE TO BOSING OUT		ρ	0_ 0	
ISSUED TO: BRENOR QUIST	PROPERTY	LUCATION: NOS	SER TIMAN ~	D ~
Facility Type: MAN. HOME (345460	SUBDIVISIO	ON HMY IA.	YLOR	LOT # <u></u>
Facility Type: TAN. NOME WS 61	🖳 🔍 New 🗌 Expans	sion 🗆 Repair		
Basement? I Yes X No Basement Fixtu	ures? I Yes I No SOUCTION SYST			- (-
Type of Wastewater System**	SOUCTION SYST	Em	(Initial) Wastewater Flow:	360 GPD
(San note holow if applicable)				
25% 1	LGO, S75. Number of trenches <u>3</u>	_(Repair)		
Installation Requirements/Conditions	Number of trenches		~	
Septic Tank Size 1000 gallons	Exact length of each trench	85 feet	Trench Spacing: Soil Cover:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on c		Soil Cover: 6	_ inches
	Maximum Trench Depth of:		(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level t		36" above the trench bot	
	in all directions)			(uni)
Pump Requirements:ft. TDH vs				inches below at
i unip nequirementsit. IDA VS	_ urn			inches below pipe
Con litiano			Aggregate Depth:	
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 application. I accept the specifications of this possible applicable is the specification of the s	ermit.
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
	CHED SITE SKETCH
Authorized State Agent: Date:	



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM			I	Sheet: Property ID: Lot #: File #: Code:		ł			
Locati Water Evalua		Applican l: Auge er:	Date Desig Prope	Evaluated: gn Flow (.1949): erty Recorded: ndividual V Pit Industrial I	Cut	Oth	er		
P R O F I .1940		SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS					
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
)	25	0-26	G S	versite					
		28:34	SBYSEL	VFLNSK FR 55/3P ROCKS					P5.4
			F. C.34'	eaces					
		0-21	69						
			6 5 87 02191 200	ks .					
		0-20	C 5	VF2 n3/NP					
		20 - 36	3812 56	vF2n3/2P F2 5/5P					P5 .33
							5		
									ž.

Description	Initial	Repair System	Other Factors (.1946):
	System	1	Site Classification (.1948):
Available Space (.1945)		J	Evaluated By:
System Type(s)	25.	12 RGD	Others Present:
Site LTAR	.35	-35	

3285 " C 18"