30125

HTE# 19-5-44 133

## Harnett County Department of Public Health

Improvement Permit

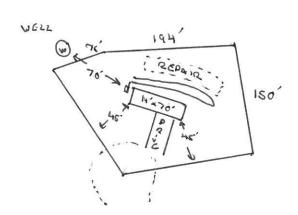
A	building permit cannot be issued with only an Improvement		
C	PROPERTY LOCATION: TESSE		
ISSUED TO: CLYDE POTT Grad			LOT # <u></u>
NEW   REPAIR □ EXPANSIO		quired prior to Construction Author	zation Issuance:
Type of Structure: Man. Home, CH			
Proposed Wastewater System Type: 25% RCo	GLOW SYSTEM		
Projected Daily Flow:360 GPD			
Number of bedrooms: 3 Number of Occu	pants:max		
Basement 🗆 Yes 🔀 No			
Pump Required: ☐Yes No ☐ May be requ	ired 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
	1		
Authorized State Agent::	2EHS Date: 6 3 18		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of	changes. 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 condition	is of this permit		
			***
	Construction Authorization		
The construction and installation requirements of Rules 1950 1952 1	(Required for Building Permit) 954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this possile and shall be said forecast	L.U.L. 1
with the attached system layout.	734, 11733, 11730, 11731, 11730. and 11737 are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
No. of the second secon	_		
ISSUED TO: CLYDE PATTERSON	PROPERTY LOCATION: 3	ESSE RO	
	CHRONICION FLAMO	MLGAN	LOT # 14
Facility Type: MAN. HOME OH'MO	New 🗆 Expansion 🗆 Repair		
Basement?  Yes No Basement Fix	tures?   Yes   No GOUCSION SYSTEM		300
	SPACITON DADION,	(Initial) Wastewater Flow: _	SEO GPD
(See note below, if applicable □)	0 0		
2016	RED. Sys. (Repair)		
Installation Requirements/Conditions	Number of trenches\		
Septic Tank Size 1000 gallons	Exact length of each trench _ 225 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a		nches
amp raine size ganons	0;		
		(Maximum soil cover shall n	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	om)
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM	<u> </u>	inches below pipe
		Aggregate Depth:	
Conditions:			inches total
			inches total
WATER LINES (INCLUDING IRRIGATION) MUST F	AF LOFT FROM ANY DARK OF CERTIC CUCTEM OR I	PRAIR AREA	
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**If andicables / understand the system type and if a	Lindifferent Company to the constitution of th	1	<i>i</i> • • •
	is different from the type specified on the application.	I accept the specifications of ti	nis permit.
Owner/Legal Representative Signature:	olat, or the intended use changes. The Construction Authorization shall not l	Date:	
			nership 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 conditi	ons of this permit. SEE A	ATTACHED SITE SKETCH
Mid III		1 2	
Authorized State Agent:	RCH3 Date.	6/13/18	
The state right.	Construction Authorization Expiration D	( ) ( )	
	LONGTRUCTION Authorization Expiration 1	210. 0112142	

	La	0	1515	177
HTE#	14	-2	4	1133

Permit #	30125	
rermit #		

## Harnett County Department of Public Health Site Sketch

5 0	PROPERTY LOCATON:	JESSE	Ro		
ISSUED TO: CHOCK PATIGOSON	SUBDIVISION _	ELMORA	MULEAN	_ LOT #	4
92.4	(		6/20/m		
Authorized State Agent:	COLYGE TOXXSOI	OLDE) Da	ite: 6) 13 18		



Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

Applicant:

Owner:

Sheet: Property ID: Lot #: File #: Code:

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

Location Water Evalua		: Auge	Date Desig Prope ☐ Public ☐ In	Evaluated: $C(12)$ In Flow (.1949): 3 In Recorded: Individual Industrial Industrial I	Property S  Vell □ Spring □ Cut	g 🔲 Otho	er		
P R O F I L E	.1940 Landscape Position/ Slope %	Horizon Depth (ln.)	1	DRPHOLOGY 1941 .1941 Consistence	.1942 Soil Wetness/	OTHER PROFILE FACTOR .1943 Soil	S .1956 Sapro	.1944 Restr	Profile Class
	. 5		Texture	Mineralogy	Color	Depth (IN.)	Class	Horiz	& LTAR
!	6-2	460	GSL	um usbul			10.		
		2448	33× CZ	VM 25/26					95.4
							,		
9		0-4	G 51	aulson run					
		19-45	58 12 CL	42,55 WA	λ				P1.H
		AJIN A	60						
3		0-18	6 SZ	VI-O NE/NP					
		17-30	SERCL	VI-17 Ng/14 FZ 55/5P	v 1				P3
	1								
	4								
31.11.13							3000		

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948): 3
Available Space (.1945)			Evaluated By:
System Type(s)	25%	RES	Others Present:
Site LTAR	L	1	