HTE# 09-5-22053

Harnett County Department of Public Health 25272

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

01 C C I	PROPERTY LOCAT	INUSR1827 5	West Kones A	Cel
ISSUED TO: Alisa G. Reid	SUBDIVISION			LOT #
NEW CAPADIUN C		Site Improvements rea	quired prior to Construction	n Authorization Issuance:
Type of Structure: 5FD 32 x 64'				
Proposed Wastewater System Type: Accepted System				
Projected Daily Flow: <u>480</u> GPD				
Number of bedrooms: Number of Occupants:	max			
Basement Yes No				
Pump Required: ☐Yes ☐ No ☑ May be required based on final	location and elevat	ions of facilities		_
Type of Water Supply: Community Public Well Dista			Permit valid	for: Five years
Permit conditions:				No expiration
_	***************************************			
Authorized State Agent: Dun Mchain R.S.	Date:	5/25/2009		CPP 17710HP 497 AVE
The issuance of this permit by the Health Department in no way guarantees the issuance of oth	Date:	5/25/2009	thing with appropriate according	SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvemen	it Permit shall not be at	ffected by a change in owne	ership of the site. This permit is	Dodles in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		a change in own	asing of the site. This perint is .	sandeer to combiguice with the hinaision? Of
Const	ruction Aut	horization		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957	equired for Buildin	incorporated by references	into this passait and aball be use	Control of the Contro
with the attached system layout.	i, 1750. and 1757 are	incorporated by references	into tius periint and shaii be me	it. Systems shall be installed in accordance
1. C 8.1				^
ISSUED TO: Alisa G. Reid	PROPERTY	LOCATION: <u>SR</u> /	1215 Keet Las	age Rel.
	SUBDIVISIO	N	927 5 Keed Las	LOT #
Facility Type: 5FD 3d X64 New	☐ Expansion	on 🗌 Repair		
Basement? Yes No Basemant Fixtures? Yes	□ No	·		
Type of Wastewater System** Accepted Syste	m		(Initial) Wastewater	Flow: GPD
(See note below, if applicable □)	Λ	M. Llui		
(See note below, if applicable Accepted System Conditions Number of trend	siltrecever/ic	(Repair)		
Installation Requirements/Conditions Number of trend	ches 3	-(
Septic Tank Size /OOO gallons Exact length of	each trench /	00 feet	Trench Spacing:	Feet on Center
	e installed on cor		Soil Cover:	
•	h Depth of:	<i>i</i>		
	•		(Maximum soil cover	
*	shall be level to	+/-1/4"	36" above the tren	ch bottom)
in all directions)	,			
Pump Requirements:ft. TDH vs GPM				inches below pipe
P 11 h 1 510	d		Aggregate Depth:	inches above pipe
Conditions: Pernit bured on Soil Consu	Hanti S	ysten pr	sporal	inches total
+ layout				
**If applicable: / understand the system type specified is different from	the type specified	on the application.	Laccent the specification	ons of this permit
, , , ,	777 - 77	on the appropriation	· decept the speemean	ns or this permit.
Owner/Legal Representative Signature:			Date	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	changes The Construction	an Authorization chall not b	Date.	11 (1 1 1 1 1 1 1
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	Sewage Treatment and I	on Audionzation shall not D Disnosal and to the condition	e cransierreu when there is a cha uns of this parmit	SEE ATTACHED SITE SKETCH
A position of the card and fulls for	serage meatinem and t	pisposai and to the conditio	no or this period.	TEL MITMUREN SHE SKEICH
Authorized State Assets / Misses	^	_	-//-	
Authorized State Agent: Suya Milwin K.S.		Date: _	5/25/2008	
Const	truction Authoriza	ation Expiration Da	ate: 1/25/2009	

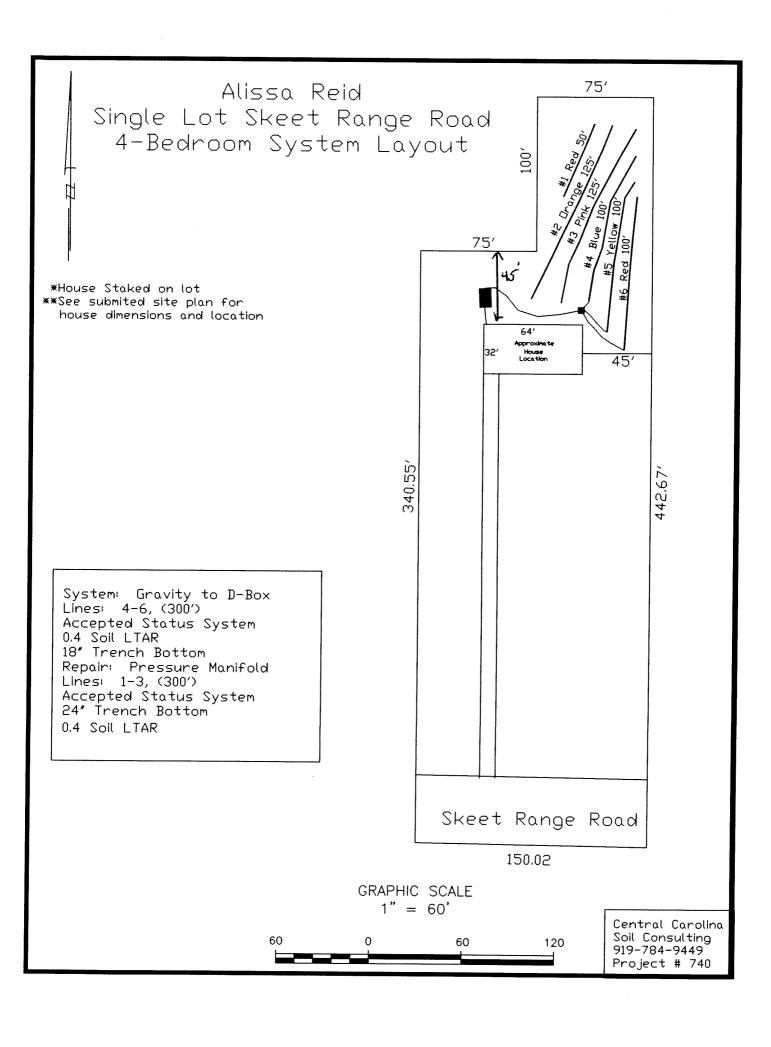
	HTE#	09-5-22053	
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Permit # 25272

Harnett County Department of Public Health Site Sketch

04 0 2	PROPERTY LOCATON: 5R 12	527 Skeat Range Le	<i>l</i> .
ISSUED TO: H/15a Cr. Reid	SUBDIVISION		LOT #
Authorized State Agent: June 12 Marie	R.S.	Date: 5/25/2009	

X For System Layout see attached 50:1 Consultants Report



Alissa Reid Skeet Range Road Lot

4-Bedroom Home (480 gal./day)

LINE # TBM	<u>COLOR</u>	<u>BS</u> 7.9	Ш	<u>FS</u> 100.0	ELEVATION	LINE LENGTH in field	Design Length installation
INST. 1			107.9	100.0		<u>m neu</u>	<u>mstanation</u>
. 1	Red			5.1	102.8	60	50
2	Orange			6.8	101.1	125	125
3	Pink			7.6	100.3	125	125
4	Blue			8. 7	99.2	111	100
5	Yellow		- Nager	9.6	98.3	106	100
6	Red			10.8	97.1	103	100
					Total	630	600

System Type	System Lines 4-6 Accepted Status System EZ-FLOW	Repair Lines 1-3 Accepted Status System EZ-FLOW
Suggested Soil LTAR (gal/day/ft2)	0.40	0.4
System Installation LTAR	0.40	0.4
Total Line Length	300	300
Square Footage	900	900
Proposed Trench Bottom	18"	24"

Distribution Method

Gravity to D-Box

Pressure Manifold

Notes:

TBM is eip at back northeast corner