29838

HTE# 18-5-43764

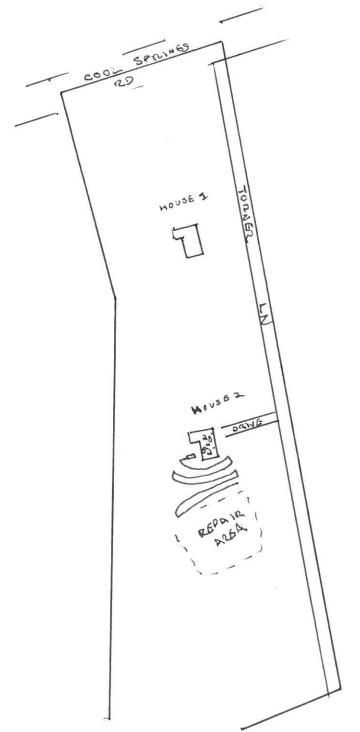
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improve	ment Permit
ISSUED TO: CLYGE STANLEY FAIRCLOTH SUBDIVISION	
NEW REPAIR EXPANSION Site Improvement	s required prior to Construction Authorization Issuance:
NEW REPAIR EXPANSION Site Improvement	s required prior to construction Authorization Issuance:
Proposed Wastewater System Type: 25° 20 REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement □Yes ≥ No	
Pump Required: ☐Yes ➤ No ☐ May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from well feet Permit conditions:	Permit valid for:
11/10	
Authorized State Agent:: 2/12/18	
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for this permit holder is responsible for the instance of this permit holder is responsible for the permit holder.	SEE ATTACHED SITE SKETCH
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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	or checking with appropriate governing bodies in meeting their requirements. This ownership of the site. This permit is subject to compliance with the provisions of
Construction Authorization	
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1954, 1955, 1954, 1957, 1959, and 19	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by refere with the attached system layout.	
ISSUED TO: CLYDE STANLEY FARCLOTH PROPERTY LOCATION: C	DOL SPRINGS RO
Facility Type: Man Home (52/28) New Expansion Rep	LOT #
Basement? Yes No Basement Firetures? Ves No	dif
Basement? Yes No Basement Fixtures? Yes No No Type of Wastewater System** AS? Reover System System	(Initial) Warrant II 340 CCC
(See note below it applicable)	(Initial) Wastewater Flow: GPD
25% RED. Sys. (Repair)	
Installation Requirements/Conditions Number of trenches 1	
C . T . I C	Trench Spacing: Feet on Center Soil Cover: inches
Septic Tank Size 1660 gallons Exact length of each trench 6ee Pump Tank Size gallons Trenches shall be installed on contour at a	rench spacing: Feet on Center
15	Soil Cover: inches
Maximum Trench Depth of: 18 inch	,
(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Carried Daniel Sanc #0	Aggregate Depth: inches above pipe
Conditions: Houses Fig #2	inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM O NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	R REPAIR AREA.
** If applicable: I understand the system type specified is different from the type specified on the applicate	ion. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
JWNET/LEGAL REPRESENTATIVE SIGNATURE: his Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall a	not be transferred when there is a change in ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the co	nditions of this permit. SEE ATTACHED SITE SKETCH
	3 2
Authorized State Agent: PGHS Date	2 2 12 18
Construction Authorization Expiration	
The state of the s	The state of the s

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: COOL SPOR	LINES RD
ISSUED TO: CLYDE STANLEY PARCLOTH SUBDIVISION	LOT #
Authorized State Agent: Date: 2) 12 18	



Department of Environment, Health and N	latural 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:	16/18		
		Design Flow (.19	49)-360-2	Property Size:	
Location of Site:	000 Euromatic (0	Property Recorde		rroperty Size.	
Water Supply:	Public	☐ Individual	☐ Well	☐ Spring	Other
Evaluation Method:	□ Auger Boring	Pit	Cu	tt	
Type of Wastewater		ge 🔲 Ind	ustrial Process	☐ Mixed	

P		T			T .		96		T
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
1-4	7-10	0.48	SBK C	FR SIP					6>5
/4-14.									
			22 38 30						
							-		
			100						
							3511 4		

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948).
Available Space (.1945)		,	Evaluated By.
System Type(s)	25%	260	Others Present: —
Site LTAR	.2	.2	