

HTE# SFD 18080012

Harnett County Department of Public Health

30210

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1071 ROSSER PITMAN

ISSUED TO: CUSTOM CONSTRUCTION CORP

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD (48'x32')

Proposed Wastewater System Type: 25% 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 valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: [Signature]

Date: 8/28/17

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 ownership 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 of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .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.

ISSUED TO: CUSTOM CONSTRUCTION CORP.

PROPERTY LOCATION: 1071 ROSSER PITMAN

SUBDIVISION _____

LOT # _____

Facility Type: SFD (48'x32') New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

25% REDUCTION SYS (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches 1

Exact length of each trench 300 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 12 inches

(Trench bottoms shall be level to +/-1/4"

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

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 permit.*

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

Construction Authorization is subject to 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

Authorized State Agent: [Signature]

RGHS

Date: 8/28/18

Construction Authorization Expiration Date: 8/28/23

HTE# SF018058-0012

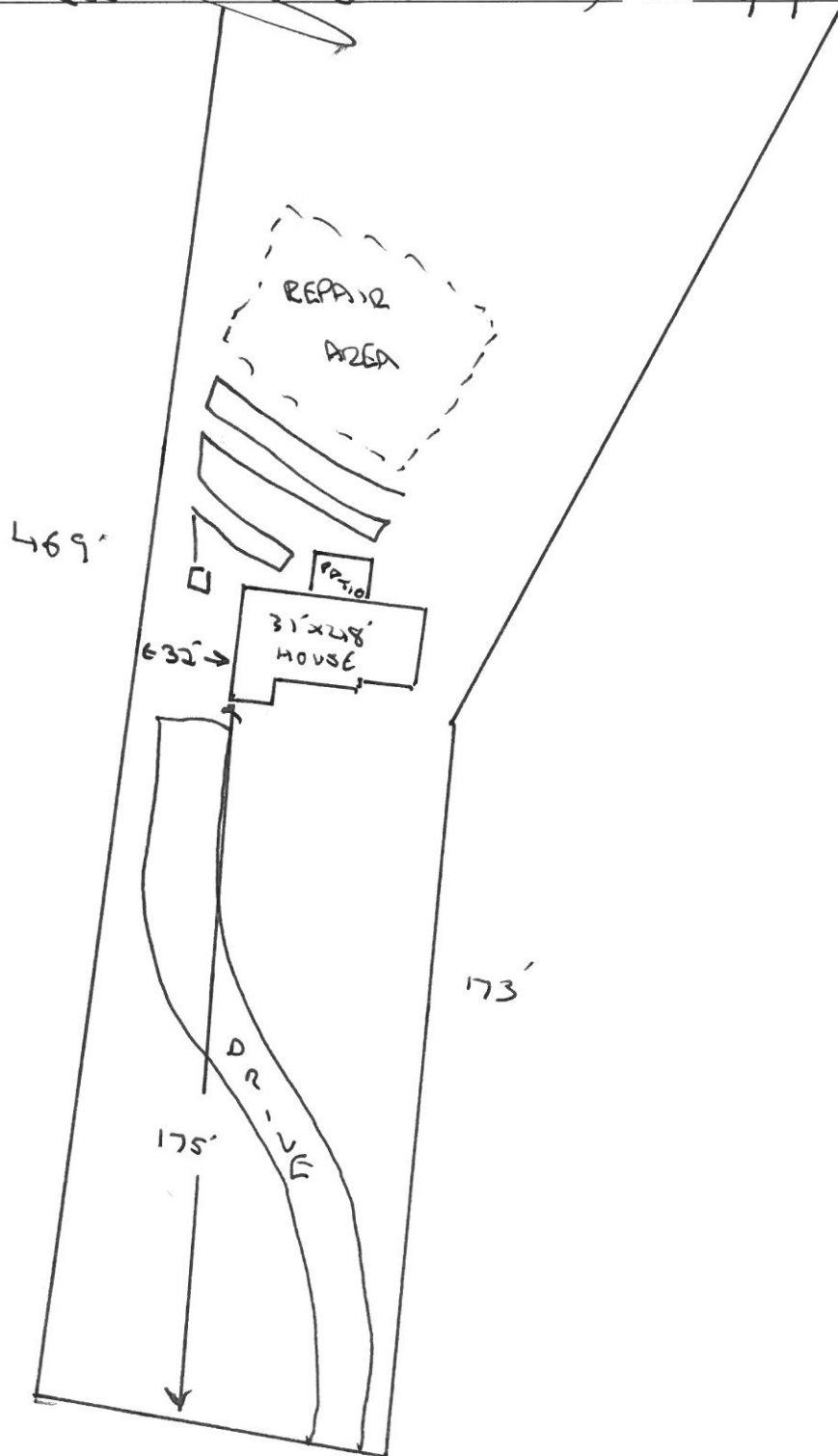
Permit # 30210

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 1071 ROSSER PITMAN RD

ISSUED TO: CUSTOM CONT. CORP. SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~REAS (OLIVER TOLKSON)~~ Date: 8/28/17



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

Owner: _____ Applicant: 20562 PMS MAN
 Address: 1071 _____ Date Evaluated: 8/23/18
 Proposed Facility: 3 BODM Design Flow (.1949): 360 gpd
 Location of Site: _____ Property Recorded: _____ Property Size: _____
 Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

P R O F I L E #	.1940 Landscape Position/ Slope %	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS 7-10	0-12	G LS	VF ₂ NS/HP					
		12-36	S ₃ X SLL	FL S ₃ /S ₁					PS .2
		36 ¹	-50% Pm						
2	0	0-18	G LS	VF ₂ NS/HP					
		18-36	S ₃ X SLL	FL S ₃ /S ₂					PS .4
3		0-12	G LS	VF ₂ NS/HP					
		12-34	S ₃ X C	FL S ₃ /P					PS .3
		34 ^{11x}	S ₃ X C w/ Pm		10127 be 34"				

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): <u>PS</u> Evaluated By: <u>CS</u> Others Present: <u>---</u>
Available Space (.1945)	<u>2.5</u>	<u>2.60</u>	
System Type(s)	<u>2.5</u>	<u>2.60</u>	
Site LTAR	<u>.3</u>	<u>.3</u>	