## Harnett County Department of Public Health

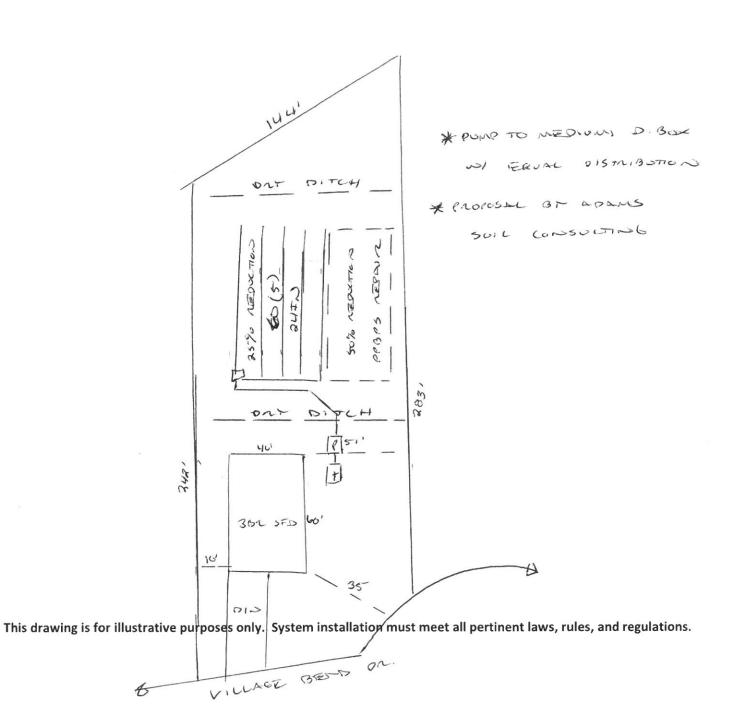
## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

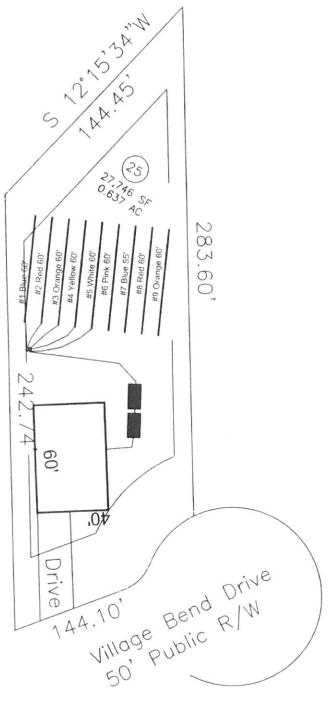
| PROPERTY LOCATION OF The Dan Ryan Builders - North Carolina, L SUBDIVISION OF                                                                                                                                                                                                                                                               | on: 477 Village Bend Dr. (Rawls Ch. Rd SR                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| NEW ☑ REPAIR ☐ EXPANSION ☐                                                                                                                                                                                                                                                                                                                  | Site Improvements required prior to Construction Authorization Issuance:                                |  |
| Type of Structure: 40x60 sfd, 3 beds 2.5 baths                                                                                                                                                                                                                                                                                              |                                                                                                         |  |
| Proposed Wastewater System Type: 25% Reduction System                                                                                                                                                                                                                                                                                       |                                                                                                         |  |
| Projected Daily Flow: 360 GPD  Number of bedrooms: 3 Number of Occupants: 6 max                                                                                                                                                                                                                                                             |                                                                                                         |  |
| Number of bedrooms: S Number of Occupants: O max  Basement Tes No                                                                                                                                                                                                                                                                           |                                                                                                         |  |
| Pump Required: Yes No May be required based on final location and elevation                                                                                                                                                                                                                                                                 | ons of facilities                                                                                       |  |
| Type of Water Supply: Community 🗵 Public 🗌 Well Distance from well NA                                                                                                                                                                                                                                                                       |                                                                                                         |  |
| Permit conditions:                                                                                                                                                                                                                                                                                                                          | No expiration                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |  |
| Authorized State Agent:: Date:                                                                                                                                                                                                                                                                                                              | 09/24/2020 SEE ATTACHED SITE SKETCH                                                                     |  |
| The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit his ite is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affect the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | older is responsible for checking with appropriate governing bodies in meeting their requirements. This |  |
| Construction Auth                                                                                                                                                                                                                                                                                                                           | norization                                                                                              |  |
| (Required for Building                                                                                                                                                                                                                                                                                                                      | Permit)                                                                                                 |  |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are with the attached system layout.                                                                                                                                                                                     | incorporated by references into this permit and shall be met. Systems shall be installed in accordance  |  |
|                                                                                                                                                                                                                                                                                                                                             | OCATION: 477 Village Bend Dr. (Rawls Ch. Rd S<br>Olde Mill Village                                      |  |
| Facility Type: 40x60 sfd, 3 beds 2.5 batl  New Expansio                                                                                                                                                                                                                                                                                     |                                                                                                         |  |
| Basement? Yes No Basement Fixtures? Yes No                                                                                                                                                                                                                                                                                                  | - "                                                                                                     |  |
| Type of Wastewater System** 25% Reduction System                                                                                                                                                                                                                                                                                            | (Initial) Wastewater Flow: 360 GPD                                                                      |  |
| (See note below, if applicable )                                                                                                                                                                                                                                                                                                            |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                             | Repair)                                                                                                 |  |
| Installation Requirements/Conditions     Number of trenches     5       Septic Tank Size 1000     gallons     Exact length of each trench 60                                                                                                                                                                                                | feet Trench Spacing: 9 Feet on Center                                                                   |  |
| Septic Tank Size 1000 gallons Exact length of each trench 60  Pump Tank Sizegallons Trenches shall be installed on con                                                                                                                                                                                                                      |                                                                                                         |  |
| Maximum Trench Depth of: 24                                                                                                                                                                                                                                                                                                                 | inches (Maximum soil cover shall not exceed                                                             |  |
| (Trench bottoms shall be level to                                                                                                                                                                                                                                                                                                           |                                                                                                         |  |
| in all directions)                                                                                                                                                                                                                                                                                                                          | ,                                                                                                       |  |
| Pump Requirements:ft. TDH vsGPM                                                                                                                                                                                                                                                                                                             | NA inches below pipe                                                                                    |  |
| 0 "                                                                                                                                                                                                                                                                                                                                         | Aggregate Depth: NA inches above pipe                                                                   |  |
| Conditions: Gravity to D-Box Equal Dist.; Proposal by Adam                                                                                                                                                                                                                                                                                  | s Soil Consulting NA inches total                                                                       |  |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEF                                                                                                                                                                                                                                                                       | PTIC SYSTEM OR REPAIR AREA.                                                                             |  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.                                                                                                                                                                                                                                                                                 |                                                                                                         |  |
| **If applicable: 1 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:                                                                                                   |  |
| Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction                                                                                                                                                                       |                                                                                                         |  |
| 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                                                                                                                                             |                                                                                                         |  |
| A Sent en a color                                                                                                                                                                                                                                                                                                                           | Se palaula a                                                                                            |  |
| Authorized State Agent: Construction Authorize                                                                                                                                                                                                                                                                                              | Date: 09/24/2020  ation Expiration Date: 09/24/2028                                                     |  |

## Harnett County Department of Public Health Site Sketch

| Property Location: 477 Village Bend Dr (Rawls Ch. Rd SR 1415)                    |            |
|----------------------------------------------------------------------------------|------------|
| Issued To: Dan Ryan Builders - North Carolina, LLC Subdivision Olde Mill Village | Lot # 25   |
| Authorized State Agent: Date:                                                    | 09/24/2020 |



## Olde Mill Village 3-Bedroom Septic Proposal Lot #25



\*Preliminary Design Not a Permit

System: Pump to D-Box Lines: 1-5 (300') 0.3 LTAR 24" Trench Bottom Accepted Status System Repair: Pressure Manifold Lines: 6-9 (240') 0.3 LTAR 24" Trench Bottom 50% Reduction System

 Adams Soil Consulting 919-414-6761 Job #699