HTE# 07-5-16953RAL Harnett County Department of Public Health

29001

Improvement Permit

A buildir	PROPERTY LOC		HAYES RO	
ISSUED TO: STANCIL BUILDERS	MO SUBDIVISION		POINT	LOT # \7
NEW → REPAIR □ , EXPANSION □			quired prior to Construction Auth	
Type of Structure: 5FO (61 × 39')			. ,	
Proposed Wastewater System Type: 25% REDUCT	ON SUZEEW			
Projected Daily Flow: GPD	0	-		
Number of bedrooms: 3 Number of Occupants:	— max			
Basement		2 66 922		
Pump Required: ☐Yes ☐ No May be required ba Type of Water Supply: ☐ Community ☐ Public ☐	sed on final location and elev	ations of facilities	D'41'-1 (Nr.
Permit conditions:	ven Distance from wen	feet feet	Permit valid for:	Five years
- @				☐ No expiration
		1 1		*
	EHS Date:	8 25 1.	SEE A	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. 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 Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .195 with the attached system layout.				
ISSUED TO: STANCIL BUILDERS INC PROPERTY LOCATION: SILAS HAVES RD				
Facility Type: SED (6) 234) SUBDIVISION HUNTERS POINT LOT # 17				
	New Li Expan	sion 🗆 Repair		
Basement? Yes No Basement Fixtures? Type of Wastewater System** So REDU	☐ Yes No CTION Sy	F	/I *: 1\ \ \ II	360 000
(minutar) Wasterwater Flow Of D				
(See note below, if applicable)	5% REO 545	(Dara:)		
		(Repair)		
	ber of trenches	050 (7	T C
	t length of each trench		Trench Spacing:	Feet on Center
	ches shall be installed on c		Soil Cover:	_ inches
	mum Trench Depth of:		(Maximum soil cover shall	
1	ch bottoms shall be level	to +/-1/4"	36" above the trench be	ottom)
	l directions)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
C. H.C.			Aggregate Depth:	
Conditions:				inches total
WITER LINES (WELLENDING TO THE TOTAL				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F		EPTIC SYSTEM OR R	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 Repres entative_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.				
			1)	
Authorized State Agent:	BE+35	Date: _	8 35 136	
Construction Authorization Expiration Date: 8 25 25				

HTE# CONTRACTOR

Permit # 2900)

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SILAS HANES POINT BUILDERS LOT # 17 Authorized State Agent: 114 45 HOUSE 16 283-REP 1 A 1427 90