HTE# 67-5-17016

Harr County Department of Public mealth 23479

Improvement Permit

A building permit cannot be issued	d with only an Improvement Permit
ISSUED TO. Techenson Builders Inc. SURDIVISION	LOCATION: 52 1429 Chaybeatera
NEW P REPAIR . EXPANSION .	Site Improvements required prior to Construction Authorization Issuance:
Tune of Structures SED (4 X CR)	
Proposed Wastewater System Type: pump to conventional	
Projected Daily Flow: GPD	
Number of bedrooms: Number of Occupants: max Basement	
Pump Required: Tes	elevations of facilities
Type of Water Supply: Community Public Well Distance from well	
Permit conditions:	☐ No expiration
1	
Authorized State Agent: Lyan Musica R.S. Da	te: 3/23/2007 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	
their requirements. This site is subject to revocation if the site plan, plat, or the intended use chan	
permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment an	d Disposal and to conditions of this permit.
Construction	Authorization
	Authorization
	Building Permit)
to the first of th	1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be
ISSUED TO: Stephenson Builders, Inc. PROP	ERTY LOCATION: 5/2/429
ISSUED TO: Stephenson Suit Alexi Tree SUBD	IVISION Dexterfield LOT # 35
Facility Type: SFD 64'X58 New E	xpansion
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No	
Type of Wastewater System** pump to converticus (Initial)	Wastewater Flow: 760 GPD
Type of Wastewater System** (See note below, if applicable)	
	(Repair)
Installation Requirements/Conditions	
Septic Tank Size gallons	h 2450 feet Trench Spacing: 9 Feet on Center
Pump Tank Size / © gallons Trenches shall be installed	
	18-24 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be le	
in all directions)	
Pump Requirements:ft. TDH vs GPM	
	Aggregate Denth: 2 inches above nine
Conditions: Drain Field to be placed in Essement	inches total
	•
**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 of the site. This Construction Authorization is subject to compliance with the provisions of the Laws	hanges. The Construction Authorization shall not be transferred when there is a change in ownership
/ / SEE ATTACHED SITE SKETCH	
Authorized State Agent: Sugar Missing R.S.	Date: 3/23/2007
Construction Authorization Expiration Date: 3/23/2012	

Harnett County Department of Public Health Site Sketch

