HTE# 07-5-18309R

## Harnett County Department of Public 11th 24310

Improvement Permit

A	building permit cannot be issued wi	th only an Improvement ATION: CHALLIBE	Permit R =	
ISSUED TO: STEPHENSON BUILDE	as luc SUBDIVISION			LOT # 59
NEW X REPAIR D EXPANSION  Type of Structure: SFD (G4" x58")			uired prior to Construction Authori	The second secon
Proposed Wastewater System Type: Convention	INAL			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occu	pants:6max			
Basement □Yes ※ No				
Pump Required:	uired based on final location and elev		Permit valid for:	Five years  No expiration
			_	
Authorized State Agent:	Date:	8 30 07	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no wa their requirements. This site is subject to revocation if the site	ay guarantees the issuance of other perm	nits. The permit holder is res	ponsible for checking with appropriate	governing bodies in meeting
permit is subject to compliance with the provisions of the Laws				,
	Construction Au	uthorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .			d by references into this permit and :	shall be met. Systems shall be
installed in accordance with the attached system layout.		20		,
ISSUED TO: STERHENSON BUIL	DERS INC PROPERT	TY LOCATION:	ALYBEATE RO	
, , ,	SUBDIVIS	ION DEXTERF	TELD	LOT # 59
Facility Type: SFO (64" ×58")	New 🗆 Expan	nsion   Repair		
	xtures? 🗆 Yes 🔀 No	STATE AND DESCRIPTION OF THE PERSON OF THE P		
	ONAL (Initial)	Wastewater Flow:	360 GPD	
(See note below if applicable (1)				
Pume To	CONVENTIONAL	(Repair)		
Installation Requirements/Conditions		()		
	4-70	RENCHES		
Septic Tank Size 1000 gallons	Exact length of each trench _		Tranch (nacing: 9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on			inches
rump rank size ganons			(Maximum soil cover shall	
	(Trench bottoms shall be level		36" above the trench both	
		10 +7-174	30 above the trench both	tom)
Pump Requirements 6 TDII	in all directions)		(	Sealer Below when
Pump Requirements:ft. TDH vs	GPM		Aggregate Depth: 2	inches below pipe
Conditions:			Aggregate Depth:&	inches above pipe
**If applicable: / understand the system to	type specified is different from the	e type specified on the	application. I accept the specifi	fications of this permit.
Owner/Legal Representative_Signature:			Date:	
Owner/Legal Representative Signature:	ite plan, plat, or the intended use chang	res. The Construction Authoris	ration shall not be transferred when t	here is a change in ownership
of the site. This Construction Authorization is subject to compliance of the site.	ance with the provisions of the Laws and	Rules for Sewage Treatmen	t and Disposal and to the conditions	of this permit.
Authorized State Agent:	1/1/52	Date:	8 30 12	
	Construction Author	orization Expiration D	ate: 8 30 12	

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: CHINLY BEATE RO

ISSUED TO: STEPHENSON RUTEDERS INC SUBDIVISION DEXTERFIELD LOT # 59

Authorized State Agent: RS (OLIVER TOLKSDOGS) Date: 8 30/07

