HTE# 09-5-21752R

Harnett County Department of Public Health

25672

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

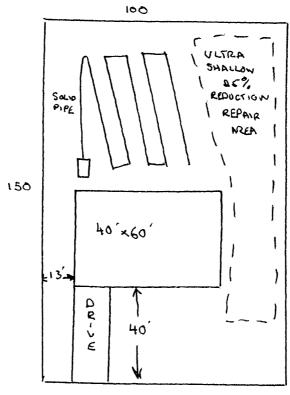
100 E	DDADERTY	LOCATION: Micros	iowea Ro	
ISSUED TO: STANCIL BUILDERS	SUBDIVISIO	IN PATTONS POI	N	LOT # _ 189
NEW REPAIR EXPAN	SION 🗆		required prior to Construction A	inthorization leanance.
Type of Structure: SFO (200266)		4004		attion issuance.
Proposed Wastewater System Type: 25% RED Projected Daily Flow: 360 GPD	KLION JARKEW			
		Was a second sec		
Number of bedrooms: 3 Number of October Number Number of October Number	cupants: <u>6</u> max			
	manti ti e i i			
Type of Water Supply: Community Public	quired based on final location and	elevations of facilities		
Permit conditions:	Well Distance from well		Permit valid for	r: 🔀 Five years
				in expiration
Authorized State Agent:	1 050	1-1		
The issuance of this permit by the Health Department in no way and	REHS Date	= 9/22/09	SEE SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condit	e changes. The Improvement Permit shall not ions of this permit.	ermit holder is résponsible for ci t be affected by a change in ow	necking with appropriate governing bodi nership of the site. This permit is subject	ies in meeting their requirements. This ct to compliance with the provisions of
	Construction J	Authorization		
_	(Required for P.	ilding Downia)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958, and .195	9 are incorporated by references	into this permit and shall be met. Sys	stems shall be installed in accordance
ISSUED TO: STANCIL BUILDES IN	PROPE	RTY LOCATION: M.	CRETALIES DA	
- /	CHERNA	ISION PATTONS	P0/107	10T # 100
Facility Type: 5FO (40~60')	New Evo	ansion Repair	18/81	TOI # 189
Basement? Yes No Racomont E	uturas TV.	•		
Type of Wastewater System** UTRASHALLI (See note below if applicable [7])	ow 25% REDUCTION	SysTEM	Aritial Waster of P	3/5
			(IIIIIai) wastewater Flov	w: <u>360</u> GPD
U LTRASHALLON	25% REDUCTION SyST	fm (Rangir)		
Installation Requirements/Conditions	Number of trenches \	er (nepan)		
Septic Tank Size 1000 gallons	Exact length of each trench		T. 10 . C.	_
Pump Tank Size gallons	Trenches shall be installed on	Contour of a	Trench Spacing: 9	Feet on Center
	Maximum Trench Depth of:		Soil Cover: 6	inches - COVER MUST E
	(Trench bottoms shall be level		(Maximum soil cover shal	not exceed
	in all directions)	10 +/-1/4	36" above the trench b	ottom)
Pump Requirements:ft. TDH vs	GPM			
1 (in 1911 13.	0111			inches below pipe
onditions: WATER LINE PUST BE 10' or	- Crayla Burnella M	(1)	Aggregate Depth:	inches above pipe
Du Juria on Pegnic Den Tu Po	N METERS SITUES	10 UTILITIES MA	my Encapeu	inches total
IN INTIAL OR PEPAIR FREA. THIS PE	DAMED ON A YOU	rosac from Appl	ICANTS SOIL CONSUL	-TAWT
*If one limble / / / . /				
*If applicable: / understand the system type specified	is different from the type speci	fied on the application.	I accept the specifications of	f this permit.
			,	,
wner/Legal Representative Signature:			Date:	
is Construction Authorization is subject to revocation if the site plan, postruction Authorization is subject to compliance with the action of the site plan.	lat, or the intended use changes. The Constr	uction Authorization shall not be		ownership of the site. This
nstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment a	nd Disposal and to the condition		E ATTACHED SITE SKETCH
uthorized State Agent:	REHS	Date:	9/22/09	**************************************
	Construction Author	rization Expiration Da		
	· · · · · · · · · · · · · · · · · · ·	··-→vvii Expirativii Vd	att. 1 1	ži –

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Permit # <u>25672</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Micros	ower Ro	
ISSUED TO: STANCE BUILDES INC	SUBDIVISION PATTONS		FOI # 1861
Authorized State Agent:	HS (OLIVER TOLKSOOPS)	Date: 9/22/09	



JUMPMASTER DRIVE