| HTE# 09-5-21756 Ha | rnett County Departme Improvement | | olic Health | 25251 |
|--|--|---|---|--|
| | A building permit cannot be issued with o | nly an Improvemen | t Darmit | |
| | PROPERTY LOCATIO | N: // 4/ | Micro Tawer | Ld. |
| ISSUED TO: J tancil Builders NEW I REPAIR I FXPA | The PROPERTY LOCATIO | Pattons | Point II | LOT # 193 |
| NEW IV REPAIR ロ ・ EXPA Type of Structure: <u>SFD</u> GGX40' | NSION LI C | ite Improvements re | quired prior to Construction Auth | orization Issuance: |
| Proposed Wastewater System Type: 2590 R | duction Fictor | | | ····· |
| Projected Daily Flow: <u>JGO</u> GPD Number of bedrooms: <u>J</u> Number of O | <u> </u> | | | |
| Number of bedrooms: Number of 0 | ccupants: <u> </u> | | | |
| Basement Yes No | | ~ | | |
| Pump Required: 🗆 Yes 🛛 No 🗆 May be r Type of Water Supply: 🗆 Community 🗔 Public | equired based on final location and elevation | ns of facilities | | _ |
| Permit conditions: | Well Distance from well | feet | Permit valid for: | Five years |
| | | | | No expiration |
| Addition B Art | <u> </u> | 11 | | |
| Authorized State Agent: <u>Supp</u> | wein R.S. Date: | 413/2009 | SEE AT | TACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way gy site is subject to revocation if the site plan, plat, or the intended u the Laws and Rules for Sewage Treatment and Disposal and to cond | | der is responsible for chi ted by a change in owni | ecking with appropriate governing bodies i ership of the site. This permit is subject to | in meeting their requirements. This o compliance with the provisions of |
| | Construction Authority | orization | | |
| The construction and insultation must be the target to the | (Required for Building | <u>Permit)</u> | | |
| The construction and installation requirements of Rules .1950, .1952 with the attached system layout. | , 1954, 1955, 1956, 1957, 1958. and 1959 are inc | orporated by references | into this permit and shall be met. System | s shall be installed in accordance |
| ISSUED TO: Stane Builders | f . | | , | |
| ISSUED 10: _ J TONCI [Duilders | Inc. PROPERTY LO SUBDIVISION | CATION: | | |
| Facility Type:FD | SUBDIVISION SUBDIVISION Expansion | Patter | PointIL | LOT # 193 |
| Basement? Ses No Basement I | IN New Expansion | 🗆 Repair | | |
| Type of Wastewater System** 2 575 | Reduction Suster | | | 210 |
| (See note below, if applicable []) | ixtures? I Yes I No Reduction System | | (Initial) Wastewater Flow: | <u> </u> |
| 25% | Reduction System(Re | enair) | | |
| | Number of trenches 3 | ·••••) | | |
| Septic Tank Size gallons | Exact length of each trench5 | - O feet | Trench Spacing: | Feet on Center |
| Pump Tank Size gallons | Trenches shall be installed on contou | | | inches |
| | Maximum Trench Depth of: <u>18-3</u> | | (Maximum soil cover shall r | |
| | (Trench bottoms shall be level to + | /-!/4" | 36" above the trench bott | |
| Dumo Deministration (TOU | in all directions) | | | , |
| Pump Requirements:ft. TDH vs | GPM | | | inches below pipe |
| Conditions: Maintain all set be | iks | | Aggregate Depth: | |
| | | | | inches total |
| | | | | |
| **If applicable: I understand the system type specifie | | | | |
| Owner/Legal Representative Signature: | New 12, 2011 10, 10, 10, 10, 10, 10, 10, 10, 10, | | Date [.] | |
| Owner/Legal Representative Signature: | plat, or the intended use changes. The Construction Au | thorization shall not be | transferred when there is a change in ow | nership of the site. This |
| Construction Authorization is subject to compliance with the provisions | of the Laws and Rules for Sewage Treatment and Dispo | sal and to the condition | s of this permit. SEE A | ATTACHED SITE SKETCH |
| Authorized State Agent: | PC | | .// | |
| Authorized state Agent: | Nupl. | Date: | 4/2/2009 | |
| | Construction Authorizatio | n Expiration Dat | e: 4/2/2014 | |

| HTE# 19-5-21 75-76 | Permit #25251 |
|---|---|
| Harnett County Depar | tment of Public Health |
| Site | Sketch |
| ISSUED TO: Builder Inc SUBDIVIS | ATON: 5R /14/ Micro Tower Rd. ON Pattoms Point T LOT # 183 |
| Authorized State Agent: Junga M. Junia, R. J. | Date: 4/3/2009 |

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