HTE# 19-5-22030RR Harnett County Department of Public Health

25406

Improvement Permit

A build	ling permit cannot be issued with	h only an Improvement	Permit DID FACEGROVA	A CA
ISSUED TO: STANTON HOMES	SUBDIVISION 4	Leich Z	resel	LOT # _/4
NEW ☑ REPAIR □ EXPANSION □			juired prior to Construction Author	
Type of Structure:SFD			perior prior to constituction nation	ization issuance.
Proposed Wastewater System Type:				
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants:	<i>8</i>			
Basement Tyes No				
Pump Required: □Yes □ No ☑ May be required b	ased on final location and eleva	itions of facilities		
Type of Water Supply: Community Public	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
				-
	1 1013			
Authorized State Agent: James C/V/AN	hand Date:	5-21-0	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the	ne issuance of other permits. The permit	holder is responsible for che	cking with appropriate governing hodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes, the Laws and Rules for Sewage Treatment and Disposal and to conditions of th	. The Improvement Permit shall not be :	affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for sewage freatment and Disposal and to conditions of th	is permit.			
	Construction Au	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .19	955, 1956, 1957, 1958, and 1959 ar	e incornorated by references	into this normit and shall be more Sustame	shall be installed in accordance
with the attached system layout.	, ,	o mesiporated by references	med this periore and man be met. Systems	shan be instance in accordance
150150 TO COM-1-10 11 - 11-11			_	1 .
ISSUED TO: STANTON HOMES	PROPERTY	LOCATION: 5/2/7	05 OID FATHERD	end 1215
, m\	SUBDIVISIO	IN Leigh :	165 OID FATAGEL	LOT # /4
Facility Type:	New 🗆 Expans	ion 🗆 Repair		
Basement? Yes No Basement Fixtures?		•		
Type of Wastewater System** 25% (ZEDUCT)	IN Systan		(Initial) Wastewater Flow: _	480 GPD
(See note below, if applicable □)	77		(minal) Wastewater 110W	100 UPU
	(D) 545th	(Damain)		
			a	
	ct length of each trench			Feet on Center
	nches shall be installed on co		Soil Cover:	nches
Max	timum Trench Depth of: Z	8" inches	(Maximum soil cover shall n	ot exceed
(Tre	nch bottoms shall be level to	+/-1/4"	36" above the trench botto	
	all directions)		as as the treatment bottom	,,
Pump Requirements:ft. TDH vs GPI	,		6	inches helem nine
	••		A D 7	inches below pipe inches above pipe
Conditions:			Aggregate Depth:2	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified is di	fferent from the type specifie	d on the application.	I accent the specifications of the	his permit
, , , , ,	7/1 7/1		r accept the specimeations of the	ns pernine.
Owner/Legal Representative Signature:			Data:	
This Construction Authorization is subject to revocation if the site plan, plat, or i	the intended use shapers. The Construct		Date:	
Construction Authorization is subject to compliance with the provisions of the Lav	use intended use changes. The Construct	ion Authorization shall not be		
additionation is subject to compliance with the provisions of the Lav	ms and notes for sewage freatment and	visposal and to the condition	os of this permit. SEE A	TTACHED SITE SKETCH
da A	1 1 Long			
Authorized State Agent: Janes EM	ANHANI	Date: _	5-21-09	
	Construction Authoriz	ation Expiration Da	5-21-09 te: 5-21-14	
	The state of the s	The section of		1200 2000 2000 2000 2000 2000 2000 2000

HTE# 09-5-22030RR

Permit # 25406

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 5/1	705 01	DEATRICAS	md Ms
ISSUED TO: STANTON HOMES	SUBDIVISION Zen	Lavre	el /	LOT #
Authorized State Agent: 5 Manua	•	Date:	6-5-09	
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