HTE# 09-5-22784

Hamett County Department of Public Health

25494

Improvement Permit

A building peri	mit cannot be issued with only an improvement remit	
ISSUED TO: STEPHENSON BUILDERS WC.	PROPERTY LOCATION: LASKTER &	5
		1.1
NEW REPAIR D EXPANSION D	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SFD (58×46)		
Proposed Wastewater System Type: 25% KEDUCTION 2	NAZEW	
Projected Daily Flow: GPD GPD		
Number of bedrooms: Number of Occupants:	max	
Basement Yes No		
Pump Required: ☐Yes ☐ No ☐ May be required based or	n final location and elevations of facilities	
Type of Water Supply: Community Public Well		
Permit conditions:	□ No expiration	on
141 40		
	. 1	
Authorized State Agent:	PS Date: 4899 SEE ATTACHED SITE SKETCH	
	ce of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requireme	ents. This
	provement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the pro-	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	L	
Co	onstruction Authorization	
_	(Required for Building Permit)	
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 195	56, 1957, 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in acc	ordance
with the attached system layout.	The state of the s	ordance
6 0	1	
ISSUED TO: STEPHENSON BUILDERS INC	PROPERTY LOCATION: LASPITED KD	
Facility Type: SFD(58×66)	SUBDIVISION WALNUT GROVE LOT # 1	
Facility Type: SFD(58×66)	New Expansion Repair	
Basement? Yes No Basement Fixtures?		
Type of Wastewater System** 25% REDUCTION		GPD
	(IIIIIai) Wastewater 110W. 160	עוט
(See note below, if applicable)	ENSIONAL (Repair)	
	of trenches	
Septic Tank Size 1000 gallons Exact len	gth of each trench feet	
Pump Tank Size gallons Trenches	shall be installed on contour at a Soil Cover: inches	
	Trench Depth of: inches (Maximum soil cover shall not exceed	
	·	
and the second s		
	ections)	
Pump Requirements:ft. TDH vs GPM	inches belo	ow pipe
	Aggregate Depth: inches abo	ove pipe
Conditions:	30 0 1	es total
**If applicable: I understand the system type specified is different	t from the time specified on the application I assert the specifications of this name	-
	t from the type specified on the application. I accept the specifications of this permit.	
0 11 10		
Owner/Legal Representative Signature:	Date:	_
	ended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This	
Construction Authorization is subject to compliance with the provisions of the Laws and	Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SN	KEICH
Tallal III	1.1	
Authorized State Agent:	Date: 6809	
	Construction Authorization Expiration Date: 6814	
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Harnett County Department of Public Health Site Sketch

