HTE#<u>10-5-24374</u>R

Harnett County Department of Public Health

26319

| <u>improvement</u> r | | | |
|---|---|--|--|
| A building permit cannot be issued with o | | | |
| PROPERTY LOCATION | N: Tingen Rd. | | |
| | attor Point LOT # 167 | | |
| NEW 🗹 REPAIR 🗆 🖉 EXPANSION 🗆 Si | ite Improvements required prior to Construction Authorization Issuance: | | |
| Type of Structure: SFD 55×45 | | | |
| Proposed Wastewater System Type: 25 To Reduction System | | | |
| Projected Daily Flow: 360 GPD | | | |
| Projected Daily Flow: GPD Number of bedrooms: Number of Occupants: max | | | |
| Basement 🗆 Yes 🗹 No | | | |
| Pump Required: 🗆 Yes 🛛 No 🗹 May be required based on final location and elevation | ns of facilities | | |
| Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well 🛛 Distance from well | feet Permit valid for: 🛛 Five years | | |
| Permit conditions: | No expiration | | |
| | · | | |
| | _/ / | | |
| Authorized State Agent: 1/ Legen M/ wing REAL Date: | 1/31/2011 SEE ATTACHED SITE SKETCH | | |
| The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit hole | der is responsible for checking with appropriate governing bodies in meeting their requirements. This | | |
| site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affect | ted by a change in ownership of the site. This permit is subject to compliance with the provisions of | | |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit | | | |
| | · · · | | |
| <u>Construction Auth</u> | orization | | |
| (Required for Building | Permit | | |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1955, .1957, .1958. and .1959 are in | | | |
| with the attached system layout. | · · · · · · · · · · · · · · · · · · · | | |
| STATES STATES | T PI | | |
| ISSUED TO: Stancil Builders PROPERTY LO | Deation: Tingen Rd. Pattour Point LOT # 167 | | |
| | Pattour Point LOT # 167 | | |
| Facility Type: SFD 🗹 New 🗆 Expansion | n 🗌 Repair | | |
| Basement? 🗆 Yes 🔲 No 🛛 Basement Fixtures? 🖂 Yes 🔅 No | | | |
| Type of Wastewater System** 25% Reduction System | (Initial) Wastewater Flow: GPD | | |
| (See note below if applicable []) | . , | | |
| 25% Reduction System (R | (anair) | | |
| | ε 2 | | |
| - (m) | | | |
| Septic Tank Size $/200$ gallons Exact length of each trench \leq | 10 | | |
| Pump Tank Size gallons Trenches shall be installed on conte | | | |
| Maximum Trench Depth of: 76- | <u>78</u> inches (Maximum soil cover shall not exceed | | |
| (Trench bottoms shall be level to + | +/-1/4" 36" above the trench bottom) | | |
| in all directions) | , | | |
| Pump Requirements: ft TDH vs GPM | inches below pipe | | |
| | Aggregate Denth: inches beiow pipe | | |
| Conditioner Stad Polourer May be preded Ita | Fliner + le ust | | |
| will be down to the TAUK DI come t | inches total | | |
| Conditions: Stedpdowns May be needed #0. will be dependent on TAWK Placement | | | |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPT | FIC SYSTEM OR REPAIR AREA. | | |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. | | | |
| | | | |
| **If applicable: / understand the system type specified is different from the type specified of | on the application. I accept the specifications of this permit. | | |
| | | | |
| Owner/Legal Representative Signature: | Date: | | |
| Uwner/Legal Kepresentative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended 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 Dis | | | |
| | / / | | |
| Authorized State Agents Cryon Missin, Kell | Date: 1/31/2º11 | | |
| | | | |
| Construction Authorizat | tion Expiration Date: <u>1/7//29/6</u> | | |
| | | | |

| HTE# 10-5-24374R | Permit # | 26319 |
|--|--|-----------|
| Harnett County Department of Public Health | | |
| | Site Sketch | |
| ISSUED TO: <u>Stancil Builders</u> Authorized State Agent: <u>Keyn Min, REH</u> | PROPERTY LOCATON: <u>Tingen</u> Rd. SUBDIVISION <u>Pattons Point</u> Date: | LOT # 167 |

| / ~ ' | | | |
|-----------|--|------|--|
| | 10° 25% Reduction Nepair Area 10° | | |
| 150 | 20 House Gorage Deck Deck I I Ho' C I I I I I I I I I I I I I | 150' | |
| Abram Ct. | | | |