HTE# 10-5-24375 Harnett County Department of Public Health	25993
Improvement Permit	
A building permit cannot be issued with only an Improvement Permit	
SUBDIVISION Patters Point I	LOT # /68
NEW EXPANSION Site Improvements required prior to Construction Authority SFD 40 X60	prization Issuance:
Proposed Wastewater System Type: 25% Reduction System	
Projected Daily Flow: GPD	
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max	
Basement Ves No	
Pump Required: Yes INO May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well fact	
Type of Water Supply: Community Public Well Distance from well feet Permit valid for:	Five years
	No expiration
A mel and 11	· · · · · · · · · · · · · · · · · · ·
Authorized State Agent: 1 Sum My in left Date: 6/2/2010 SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	compliance with the provisions of
Construction Authorization	
(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. System: with the attached system layout.	s shall be installed in accordance
ISSUED TO: Stancil Builders PROPERTY LOCATION: Micro Tower RJ. Facility Type: SFD Tower Devices Property Location Particular Providence Provid	
SUBDIVISION Petter's Pointer	101 # /68
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** <u>259</u> Ledoction System (Initial) Wastewater Flow:	<u>760</u> GPD
(see note below, it applicable [])	
Contro Tank Gran (ONO)	
Pump Tank Gra	Feet on Center
Soli Cover:	nches
(Truck E. (c) - E. H. (c) - E. F. (c) - E. (c	
(Irench bottoms shall be level to +/-1/4" 36" above the trench botto in all directions)	om)
Pump Requirements:ft. TDH vs GPM	
	inches below pipe
Conditions: lostilitier allowed in system for repair area	inches above pipe
Conditions: <u>No utilitier</u> allowed in system for repair areas. All water lines nort be at least 10 Pt. From any part of septic sys	Inches total
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of the	his normit
Owner/Legal Representative Signature: Date:	
inis 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 own	nership of the site. This
	TTACHED SITE SKETCH
Authorized State Agents Date: 6/2/2016	
Construction Authorization Expiration Date: $\frac{6}{2}$	

HTE# <u>10-5-24375</u>	Permit #25973	
Harnett County	Department of Public Health	
Site Sketch		
	PROPERTY LOCATON: Micro Tower Rd. SUBDIVISION Patters Point LOT # 168	
Authorized State Agent, Sum Mywin, LEHS	Date: 6/2/2010	

