HTE# 10-5-25602R

Harnett County Department of Public Health

27574

Ir	η	p)ľ	0	Y	e	ľ	r)(e	n	It	P	e	ľ	T	n	11	ĺ

A	building permit cannot be issued with o	nly an Improvement N: Dikasus Zit		
ISSUED TO: STEPHERSON Builde	es TAC SUBDIVISION TO	Sitalan Ear		LOT # 18
NEW I REPAIR E EXPANSION Type of Structure:			uired prior to Construction Author	
Proposed Wastewater System Type: 2525 100 100	www			
Projected Daily Flow: 360 GPD				
Number of bedrooms: <u>3</u> Number of Occu	pants: <u>6</u> max			
Basement 🗆 Yes 🗹 No				
Pump Required: 🗆 Yes 🗆 No 🗹 May be requ	ired based on final location and elevatior	ns of facilities		
Type of Water Supply: 🖾 Community 🖉 Public	\square Well Distance from well	feet	Permit valid for:	🖾 Five years
Permit conditions:				No expiration
Authorized State Agent: James EMA	1 te	G Alb .		
Authorized State Agenti:	Date:	9-9-1	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be affec	der is responsible for chec ted by a change in owner	cking with appropriate governing bodies in	meeting their requirements. This
	Construction Auth	orization	сранции с	
	(Required for Building			
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.			into this permit and shall be met. Systems	shall be installed in accordance
ICCUED TO STADUC YON BUT	1000 TAB DODEDTING	-		
ISSUED TO:AND AND AND AND AND AND AND AND AND AND	PROPERTY LO	ICATION: My a		
ISSUED TO: STEPHIENSON BUI	SUBDIVISION	Joitwiser	- FArms	LOT # <u>18</u>
Facility Type:SPD	Let New Let Expansion	🗀 Kepair		
	tures? 🗆 Yes 📑 No		() + + + > + +	21
Type of Wastewater System** 25% 7810	all system		(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable □)				
(2% 108130	Number of transfer 4	lepair)		
motanation requirements/conditions			9	
Septic Tank Size _/OCO gallons	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on conto		Soil Cover:6i	inches
	Maximum Trench Depth of:2	inches	(Maximum soil cover shall 1	not exceed
	(Trench bottoms shall be level to -	+/-1/4"	36" above the trench bott	tom)
	in all directions)		-	
Pump Requirements:ft. TDH vs	GPM		_6_	inches below pipe
			Aggregate Depth:Z	inches above pipe
Conditions:			Aggregate Depth:	2 inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.									
Owner/Legal Representative Signature: Date:									
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 Disp	bosal and to the conditions of this permit. SEE ATTACHED SITE SKETCH								
Authorized State Agent: Construction Authorizati	Date: <u>9-4-13</u> ion Expiration Date: <u>5-4-18</u>								

HTE# 10-5-2560212	Permit # 27574
Harnett County I	Department of Public Health
U	Site Sketch

			PROPERTY LOCATON:_	HR. 210			
ISSUED TO: _	STRPHENSON	BUSH DASAS	SUBDIVISION	Polinson FAR	~5	LOT # _	18
Authorized St	ate Agent	2 Month	nte	Date:	9-4-13)	

