HTE#<u>10-5-25603</u>

## Harnett County Department of Public Health

26097

## Improvement Permit

		U UIIICIIC	I GIAINE	
A building perm	it cannot	be issued with	only an Improvement	t Permit

A	PROPERTY IOC		Permit Bruce Johnson	
ISSUED TO: STEPHENSON BUILDERS	INC SUBDIVISION	Johnson Fran		<u>107 # 33</u>
NEW 🗹 🛛 REPAIR 🗆 EXPANSIO			quired prior to Construction Author	
Type of Structure: <u>SFD</u>				Laton Issuence.
Proposed Wastewater System Type: 25% REDUCT	2000 Manchee			
Projected Daily Flow: <u>360</u> GPD	-			
Number of bedrooms: <u>3</u> Number of Occup	pants: <u>6</u> max			
Basement Yes No				
Pump Required: 🛛 Yes 🗌 No 🖾 May be requi	ired based on final location and elev	vations of facilities		
Type of Water Supply: 🗀 Community 🗹 Public	$\Box$ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				$\Box$ No expiration
	two roug			
Authorized State Agent: James Manhan	Date:	11-24-10	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	ntees the issuance of other permits. The permi	it 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 c the Laws and Rules for Sewage Treatment and Disposal and to condition	nanges. The improvement Permit shall not be as of this permit	affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
	o or and permit.			
	Construction A.		······································	
	<u>Construction</u> Au	Itnorization		
	(Required for Build	<u>ling Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .19	954, .1955, .1956, .1957, .1958. and .1959 a	are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: STEPHENSON BUDGens	INC PROPERTY		BA RAMA JANOCA	)
<u> </u>		ON TABLES	Finns	
Facility Type:			Timns	LOT # <u>.33</u>
		ision 🗆 Repair		
				-
Type of Wastewater System** Manuthere to	25% REDUCTION 34	ston	(Initial) Wastewater Flow: _	<u>360</u> GPD
(see note below, if applicable $\Box$ )	,			
	25% REDULTUN	(Repair)		
Installation Requirements/Conditions	Number of trenches <u>3</u>			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	<u>90</u> feet	Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on c	contour at a	1 0	nches
	Maximum Trench Depth of:		(Maximum soil cover shall n	
	(Trench bottoms shall be level 1		36" above the trench bott	
	in all directions)	0 7 17 4	Jo above the trench bott	uirj
Pump Requirements:ft. TDH vs			,	
ипр пециненскихи. IDП 45			<u> </u>	inches below pipe
California 24" MAAV DITE	4 DOMIS		Aggregate Depth:Z	
Conditions: <u>24"MAX DITC</u>	A DEPINS - 57	Fronks	WELL_	Z inches total
BE NEEDED.	· · · · · · · · · · · · · · · · · · ·			

<u>**If applicable: I understand the system type specified is different from the type specified on the system type specified is different from the type specified on the system type specified on the system type specified is different from the type specified on the system type spe</u>	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 Disposal and to the conditions of this permit.				
Authorized State Agent: Jones & Malanters Construction Authorization	Date:ノノー マイー ノム Expiration Date:ノノー こイー ノら			

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## Harnett County Department of Public Health Site Sketch



