

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: STANLEY CONSTRUCTION CO PROPERTY LOCATION: MARKS RD
SUBDIVISION ASHEFORD LOT # 128
Type of Structure: SFD (50x42)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8 max
Basement: No
Pump Required: No
Type of Water Supply: Public
Permit valid for: Five years

Authorized State Agent: [Signature] Date: 1/8/13 SEE ATTACHED 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 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 affected 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.

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. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: STANLEY CONSTRUCTION CO PROPERTY LOCATION: MARKS RD
SUBDIVISION ASHEFORD LOT # 128
Facility Type: SFD (50x42) New
Basement? No
Type of Wastewater System: 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable) 25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size \_\_\_\_\_ gallons
Number of trenches 1
Exact length of each trench 150 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 12-18 inches
Maximum Trench Depth of: 24-30 inches
(Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM)
Aggregate Depth: \_\_\_\_\_ inches below pipe
\_\_\_\_\_ inches above pipe
\_\_\_\_\_ inches total

\*\*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 Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 1/8/13
Construction Authorization Expiration Date: 1/9/18

HTE# 12-5-30338

Permit # 25538

# Harnett County Department of Public Health Site Sketch

ISSUED TO: STANLEY CONSTRUCTION Co. PROPERTY LOCATOR: MARKS RD  
SUBDIVISION ASHFORD LOT # 128

Authorized State Agent: ~~Stanley Construction Co.~~ RESIS (OLIVER TOLKSDORF) Date: 1/8/13

