HTE# 13-5-30742R

Harnett County Department of Public Health

28627

Improvement Permit

	PROPERTY LOCA	ATION: HUMY	ill remille		
ISSUED TO: STANCIL BUILDERS	INC SUBDIVISION	PATIONS 1	POINTE	Pu. II	LOT # 1377
NEW OX REPAIR CLES TO EXPANSION Type of Structure: S FO CUS TO THE STRUCTURE S FO CUS TO THE STRUCTURE STR		Site Improvements r		Construction Author	
Type of Structure: 3 80 (95 × 4)	51	3			
Proposed Wastewater System Type: PumpTo 25	16 RED.				
Projected Daily Flow: 360 GPD	C	-			
Number of bedrooms: Number of Occupant	ts:max				
Basement ☐Yes ☒ No Pump Required: ☒Yes ☐ No ☐ May be required	l based on Goal leasting and also	aniama af facilisis			
Pump Required:	based on final location and elev			Permit valid for:	Five years
Permit conditions:	1 Mell Distance Hour Mell 7	leet		remmt vand for.	☐ No expiration
Total College of the					□ No expiration
		1.)		A	
Authorized State Agent::	Date:	12/9/15			ACHED 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 Au	thorization			
	(Required for Build				
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	.1955, .1956, .1957, .1958. and .1959 a	re incorporated by reference	es into this permit a	nd shall be met. Systems	shall be installed in accordance
ISSUED TO: 579MCIL BUILDERS INC PROPERTY LOCATION: HUMBE CT SUBDIVISION PATIONS POINTE PATI LOT # 137					
Facility Type: SRD (45×4)				E +4.11	LOT # <u>137</u>
		sion 🗆 Repair			
Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Pump To 25 % Repuestion System** (Initial) Wastewater Flow: 360 GPD					
(See note below, if applicable \square)	T. 25% RED	(b · · ·)			
		(Repair)			
	lumber of trenches1	020	T 1.0	ting: 9	
Septic Tank Size 1000 gallons E	xact length of each trench		Trench Spac	ing: '	Feet on Center
	renches shall be installed on c			STATE OF THE PARTY	nches
	Maximum Trench Depth of:			n soil cover shall n	
,	Trench bottoms shall be level	to +/-1/4"	36" abo	ve the trench bott	om)
	n all directions)				
Pump Requirements:ft. TDH vs	JPM				inches below pipe
C C D	0.00	N E E O	Aggregate L	Depth:	inches above pipe
Conditions: AppRIONAL COVER RE ON PROPOSAL FROM PRELIC	DOLUM CART DU	ANTICAL.	LESW IL	D#四	inches total
Or 110003NT 18000 +ABT	ANI3 4-20				
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,					na ang ang at the common and an ang ang ang ang ang ang ang ang ang
Construction Authorization is subject to compliance with the provisions of the	Laws and Rules for Sewage Treatment an	d Disposal and to the cond	itions of this permit.	SEE /	ATTACHED SITE SKETCH
			-1-1		
Authorized State Agent:	RETIS	Date:	12/9/	151	
	Construction Author	rization Expiration	Date:	9/20	

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: HUMNEE CA
SUBDIVISION PATIONS POINTE PY II LOT # 137

Date: 12/9/15

