HTE# 13-5-30743

## Harnett County Department of Public Health

27319

Improvement Permit

	mprover	nent i cinnt		
	A building permit cannot be issu			
	PROPERT	Y LOCATION: Tinyen.	Ld.	
ISSUED TO: Stancil Builder				
NEW 🗹 REPAIR 🗆 , EXPA	NSION 🗖	Site Improvements rec	uired prior to Construction Author	rization Issuance:
Type of Structure: <u>SFD 57x29</u>				
Proposed Wastewater System Type: 25 % Rec	suction System			
Projected Daily Flow: GPD GPD				
Number of bedrooms: Number of O	)ccupants: <u> </u>			
Basement 🗆 Yes 🗹 No				
	required based on final location an			
Type of Water Supply: 🗆 Community 🗹 Publi	ic 🗌 Well Distance from w	vell feet	Permit valid for:	Five years
Permit conditions:				No expiration
			· · · · · · · · · · · · · · · · · · ·	
	A	/_/		
Authorized State Agent .: 6 Super 14 000	in REAS I	Date: 3/20/2013	SEE AT	FACHED SITE SKETCH
The issuance of this permit by the Health Department in no way g				
site is subject to revocation if the site plan, plat, or the intended	0	not be affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to con	altions of this permit			
		A .I * .*		
	Construction	<u>Authorization</u>		
	(Required for	· Building Permit)		
The construction and installation requirements of Rules .1950, .195	· · · ·	<i>i</i>	into this permit and shall be met. System:	s shall be installed in accordance
with the attached system layout.				
ISSUED TO: Stancil Builder	. PR(	DERTY LOCATION. To	en Rd	
1550ED 10. <u>C   CACI   OSITA O</u>	1 NC	$\frac{1}{2} \frac{1}{2} \frac{1}$	P: +	INT # / 70
Facility Type: <u>SFD</u>	300	$7 \times 7 \times$	/ Ven (	LUI # <u>120</u>
Facility Type: <u>SFD</u>		Expansion 🗆 Repair		
	Fixtures? 🗆 Yes 🛛 No			<b>-</b>
Type of Wastewater System** 257. Le	duction System		(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable  )	,			
25 % Le	duction System	(Repair)		
Installation Requirements/Conditions	duct: on Syrtem Number of trenches	1		
Septic Tank Size /000 gallons	Exact length of each tren	ch <u>240</u> feet	Trench Spacing:9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed		Soil Cover: 6-12	
Tump Tank Size ganons		of $\frac{18}{30}$ inches	(Maximum soil cover shall	
	•		<b>`</b>	
	(Trench bottoms shall be	level to $\pm 1/4^{\prime\prime}$	36" above the trench bot	tom)

in all directions)
Pump Requirements: \_\_\_\_\_\_\_ft. TDH vs. \_\_\_\_\_ GPM \_\_\_\_\_\_\_inches below pipe
Aggregate Depth: \_\_\_\_\_\_\_\_inches above pipe
Conditions: \_\_\_\_\_\_\_\_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	t 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 cond	itions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Authorized Marine REHC Date: Construction Authorization Expiration	<u> 3/20/2013</u> Date: <u>3/20/2018</u>

HTE# <u>13-5-30743</u> HTE# <u>13-5-30743</u> Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Tingen Rd.	
ISSUED TO: _ Stancil Builder	SUBDIVISION Pattons Pt	LOT # <u>/28</u>
Authorized State Agent: Ann Mc wain,	<i>LEHS</i> Date: <u>3</u>	20/2013

