HTE# <u>13-5-31121</u> Harn	ett County Depa	artment of Pub	lic Health	
	Improven	nent Permit		27382
A	building permit cannot be issu		Permit BAllAncel RD	
ISSUED TO: STANCE BULIDE	ERS ECSUBDIVIS	ION Hadden P	oest	LOT # 30
NEW \square REPAIR \square EXPANSIO Type of Structure: $_$ $5FD$			uired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: 25% 22000	NON Syster			
Projected Daily Flow: <u>368</u> GPD	1			
Number of bedrooms: Number of Occup	ants: <u> </u>			
Basement □Yes ☑ No Pump Required: □Yes □ No ☑ May be requi	red based on final location an	d alovations of facilities		
Type of Water Supply: Community Public		ell feet	Permit valid for:	Five years
Permit conditions:			i chine fand ior.	\square No expiration
5 M	Linger	1-7-	17	
Authorized State Agent:		ate: $3 - 2 - 2$		TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use cl				
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
	Construction	Authorization		
	(Required for	Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	954, .1955, .1956, .1957, .1958. and	.1959 are incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.				
ISSUED TO: STANCE BUELDBA	STAC PRO	PERTY LOCATION: <u>Soc 19</u>	37 Balland R	<u>e</u> D
* * *	SUB	DIVISION Hadelen	Porit	LOT # <u>30</u>
Facility Type:	New 🗆	Expansion 🗆 Repair		
	tures? 🗆 Yes 🗹 No			
Type of Wastewater System** Pump to	25% REDUU	RIN Systa-	(Initial) Wastewater Flow:	<u>_360</u> GPD
(See note below, if applicable \square)				
Funp to	Number of trenches	<u>e (</u> Repair)		
Septic Tank Size <u>1000</u> gallons	Exact length of each tren		Trench Spacing:	_ Feet on Center
Pump Tank Size <i>I O O O</i> gallons	Trenches shall be installed			inches
	•		(Maximum soil cover shall	
	`	level to +/-1/4"	36" above the trench bo	ttom)
	in all directions)		1	
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
A . # 1			Aggregate Depth:2	
Conditions:		······		12 inches total
WATER LINES (INCLUDING IRRIGATION) MUST B		OF SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**If applicable: / understand the system type specified	is different from the type .	specified on the application	I accept the specifications of	this permit.
////	77-	1 TT	<i>i r </i>	<i>r</i>

Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. Th	e 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 Trea	atment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

construction Authorization is subject to compliance with the provisions of th	e cans and rules for senage freatment and pisposal and to the conditions of th	ans penale SEE ATTACHED SHE SKETCH
Authorized State Agent	Manihonst Date:	5-2-13
	Construction Authorization Expiration Date: _	5-2-18

Permit # 27382 HTE# 13-5-31121 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: <u>SCI437 BAILAACL RD</u> ISSUED TO: <u>STANCEL BUTLABAS</u> DE SUBDIVISION <u>HADDENT</u> LOT # 30 EMANhant ET PEARS Date: <u>5--13</u> Authorized State Agent.

