HTE# 13-5-31123

Harnett County Department of Public Health

Improvement Permit

27384

A building permit cannot be issu	ied with only an Improvement Permit
ISSUED TO: STANCE! BUELDIGHTS THE SUBDIVIS	Y LOCATION: SNJ437 Ballonel RD HADDEN FORM FORM LOT # 33
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure:SFD	site improvements required prior to construction Authorization issuance.
Proposed Wastewater System Type: 25% 12370000	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: max	
Basement □Yes ☑ No	
Pump Required: □Yes □ No □ May be required based on final location an	
Type of Water Supply: Community Public Well Distance from w	rell feet Permit valid for: 🗗 Five years 🗆 No expiration
1 10 1 1 -	
Authorized State Agent: Danhand D	tate: $5-6-13$ SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. Th	e permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construction	Authorization
	Building Permit)
	.1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
	PERTY LOCATION: SR1437 BALLARD RD
SUB	DIVISION HAddow Potent LOT # 33
	Expansion Repair
Basement? Yes No Basement Fixtures? Yes No	~1
Type of Wastewater System** 25% [28] UCTUD System	GPD (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
/	(Repair)
Installation Requirements/Conditions Number of trefiches	9
Septic Tank Size /OCO gallons Exact length of each trend	· · · · · · · · · · · · · · · · · · ·
Pump Tank Size gallons Trenches shall be installed	on contour at a Soil Cover: inches
Maximum Trench Depth of	
(Trench bottoms shall be	
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: 2 inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	OF SEPTIC SYSTEM OR REPAIR 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:
Owner/Legal Representative Signature:	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: Date: 5-6-13 Construction Authorization Expiration Date: 5-6-19	
Construction A	uthorization Expiration Date: <u>56-19</u>

Harnett County Department of Public Health Site Sketch

