HTE# 13-5-32306

Harnett County Department of Public Health

Improvement Permit

27588

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SO 1437 Balland RD ISSUED TO: STANCE BUILDERS SUBDIVISION HAddew PT NEW REPAIR Type of Structure: Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% Rossources Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement □Yes ☑ No May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community

Public

Well Distance from well ______ feet Five years Permit valid for: Permit conditions: ☐ No expiration 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 علق 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. Basement? Yes No Basement Fixtures?

Yes

No Type of Wastewater System** 25% REDUCTOD System (Initial) Wastewater Flow: 360 GPD Number of trenches _______ Feet on Center Exact length of each trench ______ Feet on Center Soil Cover: ______ inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 26-18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: _______ inches below pipe inches above pipe _______ inches total Pump Requirements: ______ft. TDH vs. _____ GPM 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 be transferred when there is a change in ownership of the site. This Owner/Legal Representative Signature: _ 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:

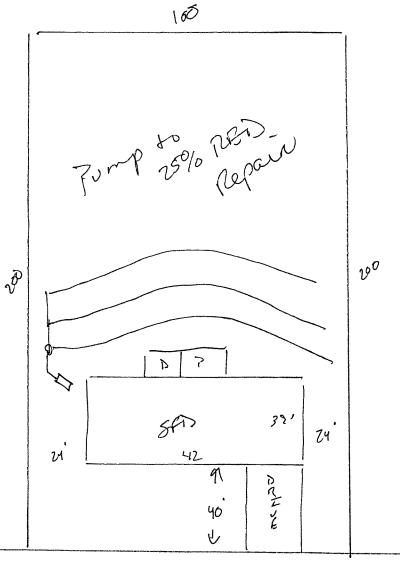
Construction Authorization Expiration Date: 10-18-18

HTE#	13	-5-	32306

Permit # ____275788

Harnett County Department of Public Health Site Sketch

			PROPERTY LOCATON: 80 1437	Ballmel 2D	
ISSUED TO:	STANCEL	BOELDARS	SUBDIVISION Hadden	Pornte	_ LOT # <u>_ 6</u>
Authorized Star	e Agent	= E MA.	, /)ate:	3



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