27737

HTE#14-5-32984 SAD Harnett County Department of Public Health
32998 Det Garage Improvement Permit Improvement Permit

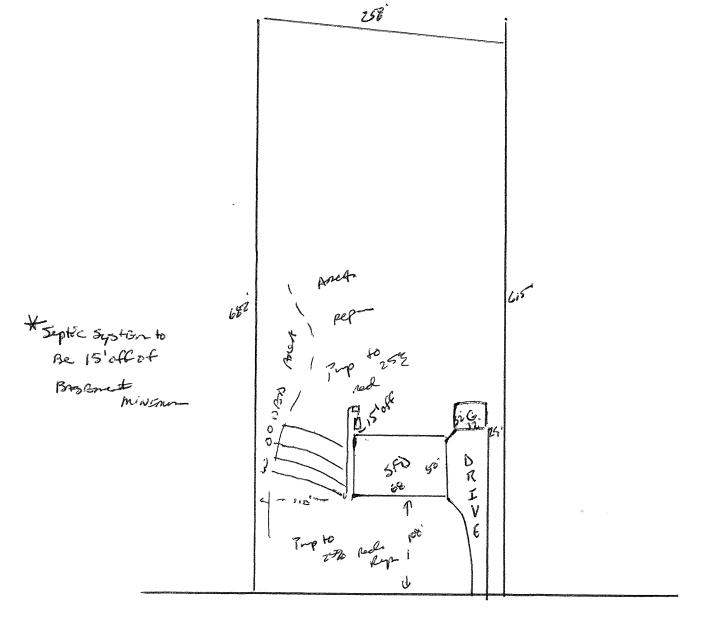
A building permit cannot be issued with only an Improvement Permit						
ISSUED TO: BUTICLES AT WORK SUBDIVISION FEEL & STEPHENSON LOT # 6						
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:						
Type of Structure: SFD + Det GARAGE						
Proposed Wastewater System Type: 25% 12800 Crows						
Projected Daily Flow: GPD						
Number of bedrooms:3 Number of Occupants:6max						
Basement 🛮 Yes 🖊 No						
Pump Required: ☑Yes ☐ No ☐ May be required based on final location and elevations of facilities						
Type of Water Supply:  Community Public Well Distance from well feet Permit valid for: Five years Permit conditions: Distance from well feet Permit valid for: Five years  No expiration						
Authorized State Agent: Date: 3-13-14 SEE ATTACHED 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 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.						
ISSUED TO: Botldens At Work PROPERTY LOCATION: 50 1407 WADE STEPHENSON  SUBDIVISION FEEL ds to No. LOT # 6  Facility Type: SFD + Det Garage New Expansion Repair						
Facility Type: SET + Doff Garage of the Date of the Da						
Type of Wastewater System** Permy to 25% 1200 Colon System (Initial) Wastewater Flow: 360 GPD						
(See note below, if applicable )						
Repair)						
Installation Requirements/Conditions Number of trenches 4						
Septic Tank Size 1000 gallons Exact length of each trench 80 feet Trench Spacing: Feet on Center						
Pump Tank Size gallons						
Maximum Trench Depth of:Z 🕌 inches (Maximum soil cover shall not exceed						
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)						
in all directions)						
Pump Requirements:ft. TDH vs GPM inches below pipe						
Aggregate Depth: 2 inches above pipe						
Conditions: 15 off Bases Mariem Aggregate Depth: inches above pipe inches total						
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. IO 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:						
onstruction 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 permit.  SEE ATTACHED SITE SKETCH						
Authorized State Agent: Date: 3-13-14						
Construction Authorization Expiration Date: 3-13-14						
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HTE# 14-5-32998 DET CARAGE

Permit # <u>27737</u>

## Harnett County Department of Public Health Site Sketch

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ISSUED TO: BUDDERS At	WORK	SUBDIVISION _	Froldstone	[	LOT # _ <b>6</b>
Authorized State Agent:	5 MA	shorte	RB-05 Date:	3-13-14	
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