HTE# <u>14-5-3343</u>	32 Harn	ett County	Departme	nt of Pub	lic Health	27866
		Imp	provement P	ermit		
		building permit cann	ot be issued with or PROPERTY LOCATION	ly an Improvement	Permit 3 McCom	2 (R.L)
ISSUED TO: STANCE		S INC	_ SUBDIVISION $_$	Ington I	Downs	LOT # <u></u>
NEW 🖉 REPAIR 🗆	FD	· · · · · · · · · · · · · · · · · · ·		e Improvements re	quired prior to Construction	Authorization Issuance:
Proposed Wastewater System Type: Projected Daily Flow:	🗩 GPD	,				
Number of bedrooms: Basement □Yes No	Number of Occup		max 			
Pump Required: 🗆 Yes 📃 No		red based on final lo				/
Type of Water Supply: Commu Permit conditions:	inity 🗹 Public	□ Well Distan	ce from well	feet	Permit valid	for: ☐ Five years _ □ No expiration
	ŚW	la ha k	E	11 20-	.1 <i>el</i>	
Authorized State Agenti:	, plat, or the intended use ch	anges. The Improvement	Date: permits. The permit hold Permit shall not be affect	4 - 30 - er is responsible for che ed by a change in owne	ecking with appropriate governing	SEE ATTACHED SITE SKETCH bodies in meeting their requirements. This ubject to compliance with the provisions of
	· · · · · · · · · · · · · · · · · · ·	Constru	uction Author	orization		
			uired for Building			
The construction and installation requiremen with the attached system layout.	ts of Rules .1950, .1952, .19				into this permit and shall be met	. Systems shall be installed in accordance
ISSUED TO: STANCES	Buddens	FUC	PROPERTY LO	CATION: <u>BDL 2</u>	DONN 3	<u>6 RD</u> LOT # 8
Facility Type:	ED .	I New	Expansion	Repair		
Basement? 🗆 Yes 🗹 N	lo Basement Fixt	ures? 🗆 Yes	IZ No '	ı		
Type of Wastewater System**	25% REDI	10Ton S	nstim		(Initial) Wastewater	Flow: 360 GPD
(See note below, if applicable \Box]) REN		1 -	epair)		
Installation Requirements/Condition		Number of trank	7	, ,)
Septic Tank Size _/ 000		Exact length of e	ach trench 15	b feet	Trench Spacing:	r Feet on Center
Pump Tank Size	_ gallons	Trenches shall be	installed on conto	ur at a	Trench Spacing: Soil Cover:	inches
•		Maximum Trench	Depth of: 26-	*18_ inches	(Maximum soil cover	shall not exceed
			shall be level to +		36" above the tren	
		in all directions)				j F
Pump Requirements:	ft. TDH vs					6 inches below pipe
Conditions:					Aggregate Depth:	<u> </u>
M						
WATER LINES (INCLUDING IRI NO UTILITIES ALLOWED IN IN				IC SYSTEM OR F	REPAIR AREA.	
**If applicable: / understand the				n the application.	I accept the specification	ns of this permit.
Owner/Legal Representative Signa	ture:				Date:	
This Construction Authorization is subject to i	revocation if the site plan, pl	at, or the intended use cl	hanges. The Construction	uthorization shall not b	be transferred when there is a cha	nge in ownership of the site. This

Construction Authorization is subject to compliance with the pro	wisions of the Laws and Rules for Sewage Treatment and Disposal and to	o the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	E Monshant E	Date: <u>4-30-1</u>	Ý
	Construction Authorization Expi	Iration Date: $9-30$	-17

HTE# <u>14-5-33432</u>	Permit # _	27866
Harnett County	y Department of Pub	olic Health
	Site Sketch	
ISSUED TO: STANCE! BUELdens Froc	PROPERTY LOCATON: SA 2003 M	lab no
Authorized State Agent: Among Man	honte nou Date:	4-30-14
O ,		•

