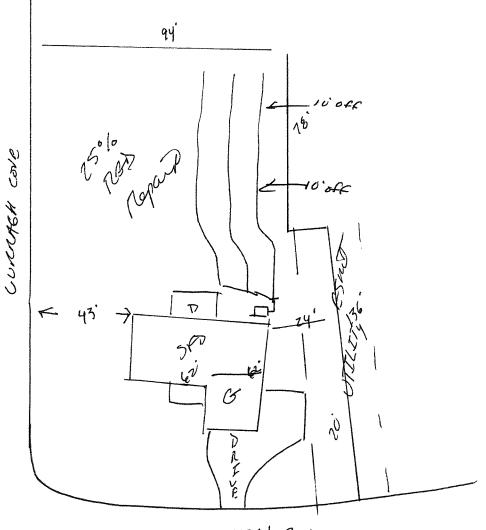
HTE# <u>14-5-35068</u> Harn	ett County	Departm	ent of Pub	ic Health	28206
	Imp	<u>provement</u>	Permit		
.		ot be issued with PROPERTY LOCAT	only an Improvement	RAWIS CIUBR	
ISSUED TO: SFAZ, LLC		_ SUBDIVISION	MAGISTEA		LOT # <u>22</u>
NEW REPAIR EXPANSIO	N 🛄		Site Improvements rec	uired prior to Construction Auth	orization Issuance:
Proposed Wastewater System Type: 25% 708450 Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occup Basement Yes No	pants:	- - max			
	ired based on final lo Well Distance			Permit valid for:	Five years
	1 1	-/			
Authorized State Agent: The issuance of this permit by the Health Department in no way guaran site is subject to revocation of the site plan, plat, or the intended use cl the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement	permits. The permit	1Z-18 holder is responsible for che ffected by a change in owne	cking with appropriate governing bodies	ITACHED SITE SKETCH in meeting their requirements. This to compliance with the provisions of
The construction and installation requirements of Rules .1950, .1952, .15 with the attached system layout. ISSUED TO: $SEAZ$, LUC	(Req	uired for Buildin .1958. and .1959 are	incorporated by references	into this permit and shall be met. Syster March 1 3 CIUC The Crees F	
550		SUBDIVISIO	N Magnol	the Crest	LOT # 22
Facility Type:	🗹 New	Expansi	on 🗆 Repair		
	iures? 🗆 Yes	No Says ta	Barrow .	(Initial) Wastewater Flow:	<u>360</u> GPD
25% REDU	(Tur) 84	ston	_(Repair)		
Installation Requirements/Conditions	Number of trench			0	
Septic Tank Size gallons Pump Tank Size gallons	Exact length of e	ach trench 🗾 🛛	්ථ feet	Trench Spacing:	_ Feet on Center
Pump Tank Size gallons		Depth of: <u>36</u>		Soil Cover: <u>6</u> (Maximum soil cover shall 36" above the trench bo	not exceed
Pump Requirements:ft. TDH vs				6	inches below pipe
Conditions:				Aggregate Depth:	inches above pipe
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA	.			
**If applicable: / understand the system type specified					
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, p				Date:	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Se	ewage Treatment and	Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH

Authorized State Agent:	= E Marka	AC	Date:	12-18-14
	Constr	uction Authorization Exp	iration Date:	12-19-19

HTE# 14-5-35063 Permit # _ 28206 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 30 1447 RAWS CIUS RD SUBDIVISION MANORACIES LOT # 22 ISSUED TO: SEA 2, LLC Ashor Date: 12-18-14 Authorized State Agent:



AIBAN ROW