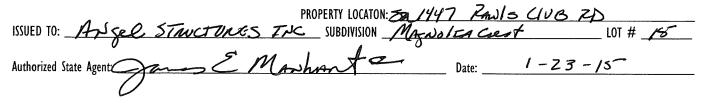
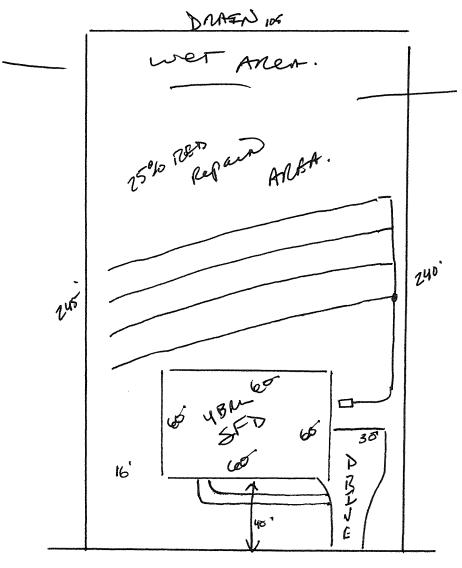
HTE# 15-5-35264 Harnett Count	y Department of	f Public Health	28214
Improvement Permit			
	annot be issued with only an Im		C
ISSUED TO: Angel Stantines INC	SUBDIVISION MARY	OlIA Crest	LOT # 15
NEW REPAIR EXPANSION	Site Improv	ements required prior to Construction Aut	
Type of Structure:			
Proposed Wastewater System Type: 25% DBWCTCM			
Projected Daily Flow: 400 (GPD) Number of bedrooms: 4 (December of Occupants: 200 (Cocupants:			
Basement 🛛 Yes 🖾 No	III4X		
Pump Required: 🗆 Yes 🗀 No 🗹 May be required based on fina	location and elevations of facil	ities	
Type of Water Supply:  Community  Public  Well Dist			Five years
Permit conditions:			No expiration
	1		
Authorized State Agent: James & Mashr	to T Date: 1-	23-15 SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
C		•	
Lons	truction Authorizat	lon	
	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.		· · · · ·	
ISSUED TO: Augel Structures INC	PROPERTY LOCATION:	ON 1447 RANG CIU	B RD LOT # 15
Facility Type: SFD I New	$\Box_{\mathcal{F}} Expansion \qquad \Box$	Repair	L01 # _73
Basement? Ses No Basement Fixtures? Ses	No Compansion	nepan	
Type of Wastewater System** 25% T2 Bucorow System		(Initial) Wastewater Flo	w: 480 GPD
(See note below, if applicable $\Box$ )		(initia) Wastewater 110	
25% 76NULTIN 2	System (Repair)		
Installation Requirements/Conditions Number of tre	nches 4	_ feet Trench Spacing: Soil Cover:	
Septic Tank Size 1000 gallons Exact length o	f each trench 80	feet Trench Spacing: 7	Feet on Center
Pump Tank Size gallons Trenches shall	be installed on contour at a	Soil Cover:	inches
	ch Depth of: <u>24 ろ(</u> 名		
	is shall be level to +/-1/4"	36" above the trench b	
in all direction	s)		,
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			12 inches total
		· · · · · · · · · · · · · · · · · · ·	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYST	IEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR			
**If applicable: I understand the system type specified is different from	the type specified on the a	nulication 1 account the specifications	of this parmit
<u></u>	i ine ippe specified on the ap	opiication. Taccept the specifications (	n uns permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	e changes. The Construction Authorizatio	on 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		-	EE ATTACHED SITE SKETCH
C al	. 1-		
Authorized State Agent: Date: Date:			
Authorized State Agent: Date: Date: Date: Date: Date: Date: Date:			

HTE# <u>15-5-35266</u> Permit # <u>28214</u> Harnett County Department of Public Health Site Sketch





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