

HTE# 15-5-35432

Harnett County Department of Public Health Improvement Permit

28223

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Cecil + Beverly STEPHENSON PROPERTY LOCATION: 821564 Maple RD
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCED
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 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: _____ No expiration

Authorized State Agent: James E. Madant Date: 2-13-15 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: Cecil + Beverly STEPHENSON PROPERTY LOCATION: 821564 Maple RD
 SUBDIVISION _____ LOT # _____
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCED System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
25% REDUCED (Repair)

Installation Requirements/Conditions	Number of trenches <u>4</u>	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>60</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>22-1/8</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total
Conditions: _____		

**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 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: James E. Madant Date: 2-13-15
 Construction Authorization Expiration Date: 2-13-20

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Harnett County Department of Public Health Site Sketch

ISSUED TO: Cecil + Beverly STEPHENSON SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Manhart Date: 2-13-15

