HTE# 15-5-35494 Harne	ett County	Departm	ent of Publ	lic Health	28242
	Imp	provement	Permit		
A	1	ot be issued with	only an Improvement	Permit	-
STROLL & 1110	0.10 -	PROPERTY LOCATI	DN:52/447	RAWIS CIUL	<u>3 CD</u> LOT #/7
ISSUED TO: STRONG Built Homes NEW REPAIR C EXPANSION	PAC.THE	SUBDIVISION	Site Interrovements reg	uired prior to Construction A	
Type of Structure: 29			nie improvenienis req		
Proposed Wastewater System Type: ZSOB REDU	and	_			
Projected Daily Flow: <u>480</u> GPD	٥				
Number of bedrooms: <u> </u>	ants:	max			
	red based on final le	ocation and elevati	ons of facilities		/
Type of Water Supply: 🗆 Community 🛛 Public	🗆 Well Distan	ce from well	feet	Permit valid fo	1
Permit conditions:	to Exi	MANN (ANGER +	than Flac.	\Box No expiration
NO PREA	10 101	1.00 0).) Footprint
Authorized State Agent: James 2 Man	post	Date:	3-17-		E ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use cl	tees the issuance of othe hanges. The Improvement	r permits. The permit h Permit shall not be aff	older is responsible for che ected by a change in owne	ecking with appropriate governing bo ership of the site. This permit is sub	dies in meeting their requirements. This iect to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit.	ternit situi nee se an	cool of a change in onice		,
				• ••	
	<u>Constr</u>	<u>uction Aut</u>	horization		
	(Rec	uired for Buildin	<u>g Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .15 with the attached system layout.	954, .1955, .1956, .1957,	.1958. and .1959 are	incorporated by references	into this permit and shall be met. !	Systems shall be installed in accordance
ISSUED TO: 5TRONG Built Homes of Facility Type:SPD	N.C. The		OCATION: 5x14	147 PAULSO	108 PD
Facility Type:SPD	New		n Repair	Gr Class	LOI #
Basement? Yes No Basement Fixt					
Type of Wastewater System** 25% RED	UCTION S	4SHB-		(Initial) Wastewater F	low: <u>480</u> GPD
(See note below, if applicable 🗆) 🔄					
	Repair	~ ~	(Repair)		
Installation Requirements/Conditions	Number of trenc	hes <u> </u>	90 feet	Trench Spacing:	Feet on Center
Septic Tank Size <u>/200</u> gallons Pump Tank Size gallons	Trenches shall be			Soil Cover:6	inches
rump rank size ganons	Maximum Trench			(Maximum soil cover s	
		shall be level to		36" above the trench	
	· · · · · · · · · · · · · · · · · · ·				1
Pump Requirements:ft. TDH vs	_ GPM				inches below pipe
the Source Allo	100 11 1		10014	Aggregate Depth:	inches above pipe
Pump Requirements: ft. TDH vs Conditions: NO DECK Allow ORLGENDI ORLGENDI WATER LINES (INCLUDING IRRIGATION) MUST F	SLAL-G	CA C	A Part	4 t	
WATER LINES (INCLUDING IRRIGATION) MUST E				DEDVID VDEV	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				NLI AIN ANLA.	
**If applicable: / understand the system type specified	l is different from	the type specified	l on the application	n. I accept the specification	ns of this permit.
Owner/Legal Representative Signature:				Date:	
					ge in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of	f the Laws and Rules for	Sewage Treatment and	Uisposal and to the condit	tions of this permit.	SEE ATTACHED SITE SKETCH
Australiand State Artit	5 Man	ho I	Data:	3-17-15	~
Authorized State Agent: Date: Date: Date: Date: Date:					

Permit # _ 28242 HTE# 15-5-35494 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 821447 RAW/S CIUB RD ISSUED TO: STRONG BUEIT Homes SUBDIVISION MAGNOLEAT CLED F LOT # 17 E Manhant Date: 3-17-15 Authorized State Agent:

