HTE# 15-5-35529 Harnett County Department of Public Health 28244 Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 52 1437 Ballon ISSUED TO: STANCES Bulders Ence SUBDIVISION Ander Por LOT # スフ NEW 🗹 REPAIR 🗆 EXPANSION 🗆 Site Improvements required prior to Construction Authorization Issuance: SF Type of Structure: Proposed Wastewater System Type: 25% REDuctor 360 Projected Daily Flow: GPD 3 Number of Occupants: max Number of bedrooms: 1 No Basement **U**Yes I May be required based on final location and elevations of facilities Pump Required: 🗆 Yes 🗆 No Type of Water Supply: 🗆 Community 🛛 Public 🔲 Well Distance from well feet Five years Permit valid for: Permit conditions: □ No expiration 3-12-15 Andon Authorized State Agent Date: 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: STANCEL BURLIDARS FOR PROPERTY LOCATION: <u>521437 BAUM-2</u>PJ SUBDIVISION Hadden PT LOT # 27 New Facility Type: _____ Expansion Repair Basement Fixtures? 🗌 Yes 1 No Basement? 🗌 Yes Sas La_ (Initial) Wastewater Flow: 360 253 RBDUULU Type of Wastewater System** GPD (See note below, if applicable \Box) (Repair) Number of trenches Installation Requirements/Conditions Septic Tank Size /000 gallons Trench Spacing: _____ Feet on Center Exact length of each trench ______ feet Pump Tank Size _____ gallons Soil Cover: Trenches shall be installed on contour at a inches Maximum Trench Depth of: 26-318 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total Pump Requirements: ______ft. TDH vs. _____ GPM 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: Construction Authorization Ex	Date: $3 - 12 - 15$ piration Date: $3 - 12 - 20$	

HTE# <u>15-5-35524</u> Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 51437 Ballon (2)

ISSUED TO: STANCEL BUILDAS	INC SUBDIVISION Italda PT	LOT # <u>Z7</u>
Authorized State Agent: E	Manhan Date:	3-12-15

