HTE#/5-5-36330

Harnett County Department of Public Health

28451

Improvement Permit

	٠.	DDODEDTY LOCA	in only an improvement ITION:52 19 2-7	30110 - 2 16	
ISSUED TO: STANCE! Butlder	o INC	SUBDIVISION	BALL	Port	LOT # 32
NEW ☑ REPAIR □ EXPANSI				quired prior to Construction Author	
Type of Structure:		_	1		
Proposed Wastewater System Type: 25% 7800	5Ch	_			
Projected Daily Flow: 360 GPD			<u></u>		
Number of bedrooms: Number of Occu	pants:&	_max			
Basement □Yes ☑ No					
	ired based on final I			5	- /
**	□ Well Distar	nce trom well	teet	Permit valid for:	Five years No exercises ✓ Five years ✓ Five years
Permit conditions:		A			☐ No expiration
	.1. 1				2-1/4-Wester-1-10
Authorized State Agent:	MARKAN	Date:	6-24	-15 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar- site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement	er permits. The permit t Permit shall not be	t holder is responsible for che affected by a change in owne	cking with appropriate governing bodies in	meeting their requirements. This
	Constr	ruction Au	<u>thorization</u>		
		quired for Build			
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, .1955, .1956, .1957,	, .1958. and .1959 at	re incorporated by references		
ISSUED TO: STANCEL BUZIOS	es Inc	PROPERTY	LOCATION: OC/4	37 Ballan	10T # 37.
Facility Type:		יינועוטשטג Expans ב	sion 🗆 Repair	- 1 - 200	LUI #
Basement? Yes No Basement Fix		□ Expans □ No	поп ш перап		
Type of Wastewater System** 25% 7344				/Initial\ Mastaurator Claus	360 cm
(See note below, if applicable \square)		24300	<u> </u>	(IIIIIIai) Wastewater Flow.	SOO GPD
(See flote below, if applicable [1]	Al or sie	۹.	(Danair)		
Installation Requirements/Conditions	Number of trence	h 3	(nepair)		
instanation requirements/conditions	Number of trenc	.1162		Turnah Sunainan	Feet on Center
Septic Tank Size 1000 gallons	Exact length of	each trench/	Teet	Trench Spacing: 5	feet on Center
Pump Tank Size gallons					
		•	inches	(Maximum soil cover shall r	
	(Trench bottoms		0 +/-1/4"	36" above the trench bott	om)
5 TDU	in all directions)			/	
Pump Requirements:ft. TDH vs	GPM				inches below pipe
				Aggregate Depth: 2	inches above pipe
Conditions:	******				Z inches total
WATER LINES (INCLUDING IRRIGATION) MUST			EPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I)RAIN FIELD ARE	A.			
**If applicable: / understand the system type specified	d is different from	the type specifie	ed on the application.	I accept the specifications of t	his permit.
Owner/Legal Representative Signature:				Date:	
This Construction Authorization is subject to revocation if the site plan, Construction Authorization is subject to compliance with the provisions o		-		•	vnership of the site. This ATTACHED SITE SKETCH
			·		
Authorized State Agent:	, MAN	Lost	Date:	6-24-15 210: 6-24-28	
	Const	ruction Authori	ization Evniration D	210. 1 - 2.1 28Y	

Harnett County Department of Public Health Site Sketch

