## Harnett County Department of Public Health

HTE# 15-5-36930

28497

Improvement Permit
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A building permit cannot be issued to	with only an Improvement Permit	
PROPERTY 10	CATION: Sci601 Rocens	( A
ISSUED TO: DIEPHENSON DUEDBACS SUBDIVISION	x /	LOT #
NEW 🗹 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Constru	uction Authorization Issuance:
Type of Structure:		
Proposed Wastewater System Type: 25% REAUTROD		
Projected Daily Flow: <u>480</u> GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🛛 Yes 🖾 No		
Pump Required: 🗆 Yes 🛛 No 🗹 May be required based on final location and ele	evations of facilities	1
Type of Water Supply:  Community  Public  Well  Distance from well _	100' feet Permit	valid for: 🛛 Five years
Permit conditions:	·	No expiration
		•
Ent 1		
Authorized State Agent: Date: And And Date:	9-4-15	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.

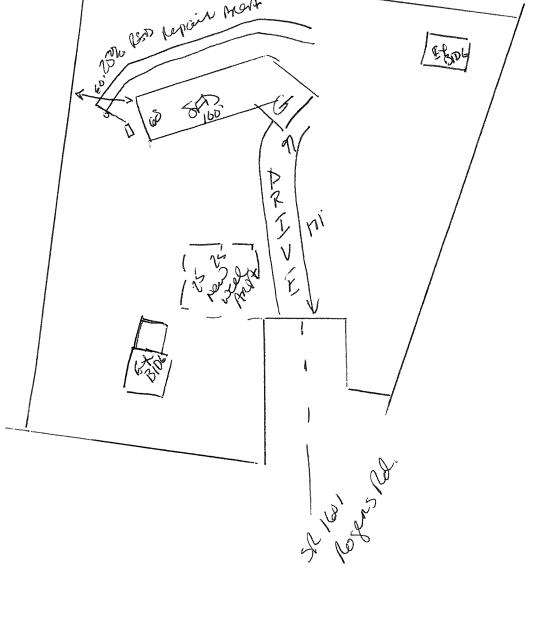
ISSUED TO: STEPHENSON BUCKE	ROPERTY LOCATION: SK	1601 Resers RD
	SUBDIVISION	LOT #
Facility Type:	🗹 New 🛛 Expansion 🖾 Repair	
Basement? 🗆 Yes 🗹 No 🛛 Basement Fixt		
Type of Wastewater System** _25%	DUGUN Syster	(Initial) Wastewater Flow: $\underline{430}$ GPD
(See note below, if applicable $\Box$ )	/	
2520 RB	ADUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches <u>Z</u>	
Septic Tank Size 1700 gallons	Exact length of each trench $17 \ge 16$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>ZY</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $\frac{1}{4}$ -1/4"	36" above the trench bottom)
	in all directions)	1
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		/Z inches total

## 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: / 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 intene	led use changes. The Construction Authorization shall not be transferred wher	n there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and R	les for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Mrs.	Date: <u>9-</u> Construction Authorization Expiration Date:	4-15 8-4-20

HTE# <u>15-5-36930</u>	Permit # <u>28497</u>	
Harnett County Department of Public Health		
Sit	te Sketch	
ISSUED TO: STEPHENSON BUE Ideas SUB	I LOCATON: St. 1601 Red RAS	
Authorized State Agent: James & MAnhant		
N. CAR		
and repair man		



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