HTE# <u>15-5-3723</u> 0	Harnett	County	Department	of	Public	Health	
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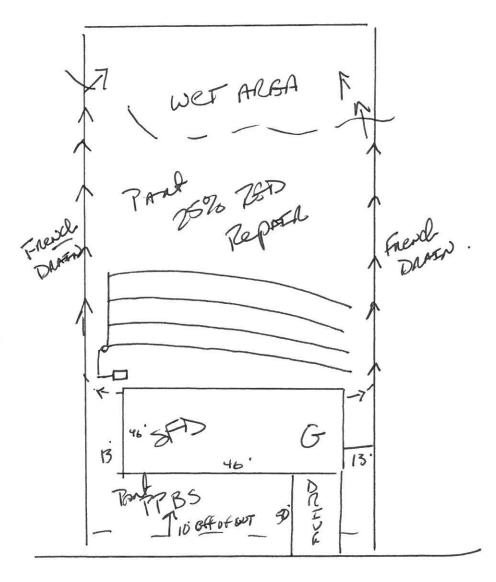
28590

Improvement Permit

A building permit ca		th only an Improvement		
ISSUED TO: STANCE / BIDCS			~ Ronk	
				on Authorization Issuance:
Type of Structure:SFAS		site improvements req	uncu prior to construction	in Automation Issuance.
Proposed Wastewater System Type: 25% Reductoro				
Projected Daily Flow: 300 GPD				
Number of bedrooms: <u>3</u> Number of Occupants: <u>4</u>	max			
Basement 🗆 Yes 🖃 No				
Pump Required: 🗆 Yes 🗆 No 🛛 🖓 May be required based on fina				
Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well Dist		feet	Permit vali	
Permit conditions:		100		No expiration
	1			
Authorized State Agent: James Mach	Date:	11-18-18	5	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o				ng bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement				
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
Const	truction Au	<u>thorization</u>		
	Required for Build	0		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.	57, .1958. and .1959 a	re incorporated by references	into this permit and shall be n	net. Systems shall be installed in accordance
ISSUED TO: STANCER ISIDAS	PROPERT	LOCATION: SRI	103 Cokcobu	LOT # 36
s Ch	SUBDIVISI	ON Cakes Sug	Park	<u> </u>
Facility Type: SFB New	/ 🗌 Expan	sion 🗀 Repair		
Basement? Yes No Basement Fixtures? Yes	⊠ No			21.
Type of Wastewater System** _25% 72 DUCTUD_ 2	systim		(Initial) Wastewate	er Flow: <u>560</u> GPD
(See note below, if applicable \Box)		194211 (K. 51		
Installation Requirements/(anditions	11/155	_(Repair)		
instanation requirements/conditions number of the				9
	f each trench 🔄			Feet on Center
	be installed on o		Soil Cover:	inches
		4->16 meinches	(Maximum soil cove	
A CONTRACTOR OF	ns shall be level	to +/-1/4"	36" above the tre	anch bottom)
in all direction	s)			1
Pump Requirements:ft. TDH vs GPM				inches below pipe
		2 .	Aggregate Depth: _	inches above pipe
Conditions: French Drate Reg	NERC	Anoral		12 inches total
27510-	10 100 100 100 100 100 100 100 100 100			
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR		EPTIC SYSTEM OR R	EPAIR AREA.	
**If applicable: / understand the system type specified is different from	n the type specifi	ed on the application	I accent the specifican	tions of this permit
	ine type speem	co on the appreation.	T accept the specifical	ions of this permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended u	2000			
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	or Sewage Treatment ar	d Disposal and to the condition	ons of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Dans & Mark	1	Date:	11-18-1	5
Con	struction Author	ization Expiration D	11-12-1 ate: <u>11-18</u>	8-20

Permit # <u>28590</u> HTE# 15-5-37230 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 52 1403 Coke Sure NS ____ SUBDIVISION ____ Cokes Sure Ponte LOT STANGER BLARK LOT # 31 ISSUED TO-

	y	-
Authorized State Agencing E Marshant	Date:	11-18-15
0		



Cokesbury PARKLN