HTE# 15-5-37663

## Harnett County Department of Public Health

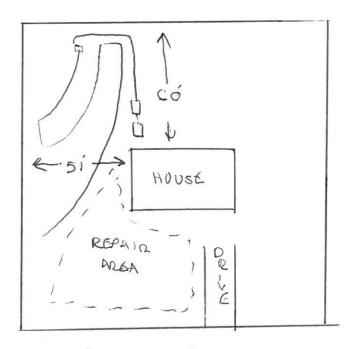
28628

Improvement Permit

A	building permit cannot be issued with only an Improve			
ISSUED TO: SHANE HUDSON		REJEMT 1/2	107 // 10	
(		HORIZON	LOT # <u>13</u>	
NEW REPAIR EXPANSION	Site Improvemen	nts required prior to Construction Autho	rization Issuance:	
Type of Structure: SFD(54×45)	-d 0:0			
Proposed Wastewater System Type: Pume To	STO REDUCTION			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occup	ants:max			
Basement Yes No				
	red based on final location and elevations of facilities		~ /	
Type of Water Supply:   Community Public	☐ Well Distance from well 100 fee	t Permit valid for:	Five years	
Permit conditions:		****	☐ No expiration	
- Allen				
	1 1			
Authorized State Agent::	RE145 Date: 12 17 15		TACHED 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 of the Laws and Rules for Sewage Treatment and Disposal and to condition		in ownership of the site. This permit is subject to	compliance with the provisions or	
the cars and rules for serage freathers and bisposal and to condition	or any perma.			
	Construction Authorization		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	Construction Authorization	<u>l</u>		
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by refe	erences into this permit and shall be met. System	s shall be installed in accordance	
with the attached system layout.				
ISSUED TO: SHAME HUDSON	DRUDERTY LUCATION	STARLICHT DO		
	SUBDIVISION NEW	STARLIGHT DE HORIZON	LOT # 13	
Facility Type: 580 (54745)	~ /		LUI # _1	
	New _ Expansion	epair		
Basement?  Yes  No Basement Fixt			- / ->	
Type of Wastewater System** Yume	10 25% REDUCTIO	(Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable □)	- al O			
Pump	To 35% RED (Repair)			
Installation Requirements/Conditions	Number of trenches\			
Septic Tank Size 1000 gallons	- 23 +	eet Trench Spacing:	Feet on Center	
Pump Tank Size \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Trenches shall be installed on contour at a		inches	
rump rank size ganons				
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	ches (Maximum soil cover shall		
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bot	tom)	
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM		inches below pipe	
		Aggregate Depth:	inches above pipe	
Conditions:		00 0 1	inches total	
WATER LINES (INCLUDING IRRIGATION) MUST R	E TOTAL EDGIA AND DADE OF CERTIC CACTER	OD DEDAID ADEA		
WATER LINES (INCLUDING IRRIGATION) MUST B		UK KEPAIK AKEA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**If applicable: / understand the system type specified	is different from the type specified on the applic	cation I accept the specifications of	this permit	
The specimen and the system type specimen	is american from the type specimes on the appare	accept the specimeations of	una permu	
Owner/Legal Representative Signature:		Date:		
This Construction Authorization is subject to revocation if the site plan of	lat or the intended use changes. The Construction Authorization shi	all not be transferred when there is a change in	ownership of the site This	
Owner/Legal Representative Signature:  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 Costs Assets	2000	- / - / c		
Authorized State Agent: Date: 12)755				
	Construction Authorization Expirati	ion Date: 12 17 20		

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: STEWARD CHT DR					
ISSUED TO: SHAME HUSSON	SUBDIVISION NEW	HOUZON	LOT # 13		
Authorized State Agent:	LAIS (OLIVER TOLKSDOP	Date: 12 17 15			
		, ,			



STARLIGHT OR