HTE#/6-5-38272

Harnett Jounty Department of Public Hauth

28822

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

| | PROPERTY LOCATION SU 1426 Coffe CO |
|---|--|
| ISSUED TO STEPHENSON BUElders INC | SUBDIVISION LOT # 6 |
| NEW ☑ REPAIR □ EXPANSION □ | Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: | |
| Proposed Wastewater System Type: 25% 728 DUTTEN | |
| Projected Daily Flow: 3 GPD GPD | |
| | max |
| Basement Yes No | |
| Pump Required: ☐Yes ☐ No ☐ May be required based on final loc | |
| Type of Water Supply: Community Public Well Distance | |
| Permit conditions: | □ No expiration |
| 1 1 . | In rook |
| Authorized State Agent: | Date: 4-6-14 SEE ATTACHED SITE SKETCH |
| | permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This |
| . , , , | 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. | |
| | |
| Constru | uction Authorization |
| (Requ | uired for Building Permit) |
| | .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: STEP1462SON BUSINERS INC | PROPERTY LOCATION: SA 1476 GALLO 120 |
| 133000 10. | SUBDIVISIONLOT # |
| Facility Type: | Expansion Repair |
| Basement? Yes No Basement Fixtures? Yes | No Repair |
| | |
| Type of Wastewater System** 15% 7500 CTCon Sys | (Initial) Wastewater Flow: 366 GPD |
| (See note below, if applicable []) | (0) |
| | VCSC (Repair) |
| | nes 3 |
| | ach trench 100 feet Trench Spacing: Feet on Center |
| | installed on contour at a Soil Cover: inches |
| | Depth of: $\underline{Z97/8}$ inches (Maximum soil cover shall not exceed |
| (Trench bottoms s | shall be level to +/-1/4" 36" above the trench bottom) |
| in all directions) | |
| Pump Requirements:ft. TDH vs GPM | inches below pipe |
| | Aggregate Depth: inches above pipe |
| Conditions: | inches total |
| | |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN | NY 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 to | the type specified on the application. I accept the specifications of this permit. |
| | |
| Owner/Legal Representative Signature: | Date: |
| | 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 | |
| = A 1- | TOS FBAS |
| Authorized State Agent: Anhar | Date: 4-le-16 ruction Authorization Expiration Date: 4-le-21 |
| Constr | ruction Authorization Expiration Date: $4-6-21$ |

Harnett County Department of Public Health Site Sketch

