HTE# 16-5-39462

## Harnett County Department of Public Health

29060

Improvement Permit

	PROPE	ERTY LOCATION: 32 1437	BALLANDER RI	۵
ISSUED TO: STANCES BUILDIGH.		IVISION HADON	Printe	LOT # 57
NEW REPAIR EXPANSI		/	quired prior to Construction Author	AND SALES OF THE PARTY OF THE P
Type of Structure:				
Proposed Wastewater System Type: 2520no	<u> </u>			
Projected Daily Flow: 300 GPD	1			
Number of bedrooms: Number of Occu	pants:max			
Basement ☐ Yes ☐ No ☐ May be requ	:			
	ired based on final location  Well Distance from	and elevations of facilities	D 171.6	750
Permit conditions:	□ Well Distance from	i well teet	Permit valid for:	Five years
				☐ No expiration
5 1	11 , 10	NSOES		
Authorized State Agent:	Byland	Date: 9-21-		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits.	The permit holder is responsible for che	orking with appropriate governing hodies in	meeting their requirements. This
site is subject to revocation the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit sh	hall not be affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
	is or ans permit.			
	Construction	on Authorization		
	000000 as 10 00			
The construction and installation requirements of Rules 1050, 1052, 1	(Kequired t	for Building Permit)	* * * * * * * * * * * * * * * * * * *	
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.		nd .1959 are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: STANCEY BUILD		ROPERTY LOCATION	137 BALLANE	200
Facility Turns	_/	UBDIVISION 14 nde	- Pointe	LOT # <u></u> <b>S</b> (
Facility Type:	New □	Expansion   Repair		
	tures? Yes No	0		
	1000 CO - Se	15H2	(Initial) Wastewater Flow: _	360 GPD
(See note below, if applicable [])	2 Suste			
		(Repair)		
Installation Requirements/Conditions	Number of trenches	3	7	
Septic Tank Size 1000 gallons	Exact length of each tre		Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed	ed on contour at a	Soil Cover: in	nches
	Maximum Trench Depth		(Maximum soil cover shall no	ot exceed
	(Trench bottoms shall be	e level to +/-1/4"	36" above the trench botto	om)
	in all directions)		/	
Pump Requirements:ft. TDH vs	_ GPM		_ 4	inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions:				2 inches total
NATER LINES (INCLUDING IRRIGATION) MUST E	E 10FT. FROM ANY PAR	RT OF SEPTIC SYSTEM OR R	EPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
		77 1 1 1 1 1		
**If applicable: I 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, provinces of	iat, or the intended use changes. The	he Construction Authorization shall not be	e transferred when there is a change in own	
construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Tre			TTACHED SITE SKETCH
Andried State of Stat				
Authorized State Agent:	The North	,	9-21-16	1000
( )	Construction	Authorization Expiration Da	sta. 5-71-71	

## Harnett County Department of Public Health Site Sketch

