Authorized State Agent:

HTE# 13-5-3220012 Harnett County Department of Public Health

28203

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATIONS/21006 01D STAGE ISSUED TO: Thomas Alanda STEPHENSON SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: STONAGE BUFICE Type of Structure: ___ Proposed Wastewater System Type: 25% 17800 00 ____ GPD Number of Occupants: 2 Number of bedrooms: ____ Basement □Yes May be required based on final location and elevations of facilities Pump Required: □Yes ☐ No Type of Water Supply:

Community Public

Well Distance from well feet Permit valid for: Permit conditions: __ ☐ No expiration Authorized State Agent:

Date:

Date: 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, .1955, .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: Thomas & Landa STEPHBNED PROPERTY LOCATION: 5x1006 01D 50746/5 SUBDIVISION Facility Type: STOCAGA BIDG Expansion Basement? Yes Basement Fixtures?

Yes ______ (Initial) Wastewater Flow: _ ノ ○ ○ Type of Wastewater System** 25% PADUCTUS Systas (See note below, if applicable □) Installation Requirements/Conditions Number of treaches Exact length of each trench 50 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Soil Cover: 6 inches Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ____ GPM 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: 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: 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

Date: 12 - 16 - 10

Construction Authorization Expiration Date: 12-16-19

Harnett County Department of Public Health Site Sketch

<u> </u>	PROPERTY LOCATON SUCCE	OID STAGE RA
ISSUED TO: Thomas Howla Stapphe	SE-SUBDIVISION	LOT #
Authorized State Agent	1	12-16-14

