HTE# 13-5-32200 Harnett County Department of Public Health

Improvement Permit

27585

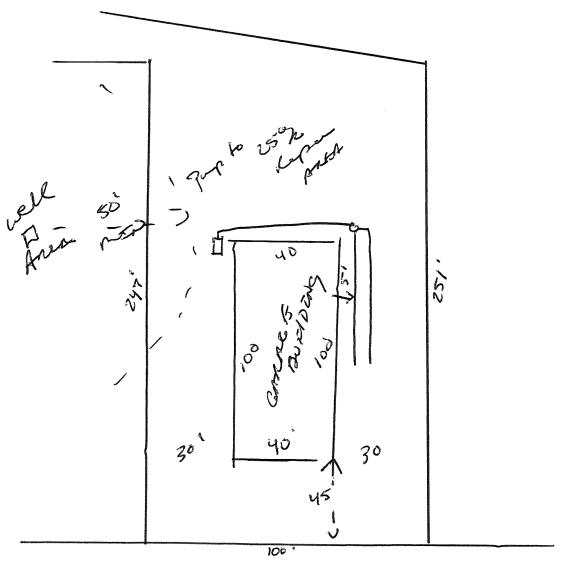
	• •		h only an Improvemen	t Permit	Coff.	
ISSUED TO: Thomas STRPH	BUSON		11011. <u>07 C/20 C</u>			LOT #
NEW ☐ REPAIR ☐ EXPANSIO		_ 300011131011		quired prior to Constru	ction Authorizat	
Type of Structure:		_				
Proposed Wastewater System Type: 250 PRON	viria	_				
Projected Daily Flow: GPD	_					
Number of bedrooms: Number of Occup	pants:	_max				
Basement 🗆 Yes 🗆 No						
	ired based on final le			n	P. 1. 6	
Type of Water Supply: Community Public Permit conditions:	□ well bistan	ce from well		Permit v	alid for:	Five years
remit conditions.				· · · · · · · · · · · · · · · · · · ·		☐ No expiration
غ ما	, 1					
Authorized State Agent:	nohm &	Date:	16-8-1	7	SEE ATTACH	IED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran					rning bodies in me	eting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of		Permit shall not be	affected by a change in own	ership of the site. This permi	t is subject to com	pliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit					
	C 4		,1 • ,•		· ·	
	<u> Constr</u>	<u>uction Au</u>	<u>thorization</u>			
		<u>uired for Build</u>				
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957,	.1958. and .1959 a	e incorporated by references	into this permit and shall b	e met. Systems sha	ll be installed in accordance
ISSUED TO: Thomas SITEPHA	SUSON	PROPERTY	LOCATION: 3x1	006010	STAGE	
		SUBDIVISIO				LOT #
Facility Type: CANCEL Basement?	New	□_Expans	sion 🗆 Repair			
Basement? Yes No Basement Fix	turas? T Yas	TANO.	•			
Type of Wastewater System** 25% Renu	KTON 8	Z- 1-12-		(Initial) Wastews	ater Flow: 1 6	30 GPD
(See note below, if applicable \square)		7		()	utti 11011.5	<u> </u>
Pun to	25% 172	Diron	-(Ranair)			
Installation Requirements/Conditions	Number of trenc	has 7	_(перип)			
Septic Tank Size / COT gallons	Number of trenct Exact length of (ach tranch	50 feet	Trench Spacing:	, (
. •				, , , , , , , , , , , , , , , , , , , ,		eet on Center
Pump Tank Size gallons	Trenches shall be			Soil Cover:	6 incl	
			24 inches			
	(Trench bottoms	shall be level t	0 +/-1/4"	36" above the	trench bottom	1)
	in all directions)					
Pump Requirements:ft. TDH vs	GPM				<u> </u>	inches below pipe
				Aggregate Depth:		inches above pipe
Conditions:				4.00		inches total
WATER LINES (INCLUDING IRRIGATION) MUST E	BE 10FT. FROM A	NY PART OF S	EPTIC SYSTEM OR	REPAIR AREA.		
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR D						
· · · · · · · · · · · · · · · · · · ·						
**If applicable: / understand the system type specified	l is different from t	the type specific	ed on the application	n. I accept the specific	cations of this	permit.
Owner/Legal Representative Signature:				Date:		
This Construction Authorization is subject to revocation if the site plan, p	plat, or the intended use	changes. The Constru	tion Authorization shall not			ship of the site. This
Construction Authorization is subject to compliance with the provisions o	f the Laws and Rules for !	Sewage Treatment an	d Disposal and to the condi	ions of this permit.	SEE ATT	TACHED SITE SKETCH
Ä	- 1 I					
Authorized State Agent	Julynh	A	Date:	10-8-1	13	
<i>()</i>	Const	ruction Author	ization Expiration I	<u> 10 - 8 - 1</u> Date: <u>10 - 8</u>	18	
1/						

HTE#	13-5-	32200
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Permit # 275785

Harnett County Department of Public Health Site Sketch

	<u>;</u>		PROPERTY LOCATON:_	SN 1006	011	STACK	
ISSUED TO: _	Ihomas	STEPHENSON	SUBDIVISION				LOT #
	•	= EMA	shout	2/18U3 	ate:	jo-8-13	



5R 1606 OID STAGE 2D.