30268

HTE#5=01810-0046

Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be issued with only an Impr	rovement Permit
ICHER TO Sheet and Middle	PROPERTY LOCATION: 219	Moryon Farms Dr. (US 401N.) gan Farm 101 # 10
_ / \ _		
41	PANSION Site Improven	ments required prior to Construction Authorization Issuance:
Type of Structure: 480 75 858		
	reduction sys.	
Projected Daily Flow: 480 GPD		
	f Occupants: 8 max	
Basement Yes No	· · · · · · · · · · · · · · · · · · ·	
	e required based on final location and elevations of facilities	es
Type of Water Supply: Community Properties Community Community Properties Community	blic Well Distance from well A	feet Permit valid for: ☐ Tive years ☐ No expiration
	7 2	
	San Carille Williams	11010
The issuance of this permit by the Health Department in no wa	ed use changes. The Improvement Permit shall not be affected by a chang	SEE ATTACHED SITE SKETCH ible for checking with appropriate governing bodies in meeting their requirements. This ge in ownership of the site. This permit is subject to compliance with the provisions of
	Construction Authorization	on
		<u> </u>
The construction and installation requirements of Rules 1950	(Required for Building Permit)	references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		
ISSUED TO: Stephenson Blo	PROPERTY LOCATION:	219 Maryon Farms Dr. (US 401 N)
Facility Type: 481 75'X58' 5F	New Expansion	Repair
		nepair
	nt Fixtures? Yes No	
Type of Wastewater System**	25% reduction system	(Initial) Wastewater Flow: 485 GPD
(See note below, if applicable □)	9	
25% N	eduction Sp. (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1250 gallons	Exact length of each trench	feet Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: G inches
8		inches (Maximum soil cover shall not exceed
	The state of the s	200
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pip
Conditions:		Aggregate Depth: inches above pip
Conditions.		The files total
WATER LINES (INCLUDING IRRIGATION) M NO UTILITIES ALLOWED IN INITIAL OR REP	UST BE 10FT. FROM ANY PART OF SEPTIC SYSTEMAIR DRAIN FIELD AREA.	M OR REPAIR AREA.
**If applicable: / understand the system type sp	ecified is different from the type specified on the app	olication. I accept the specifications of this permit.
Owner/Legal Representative Signature:		Date:
This Construction Authorization is subject to revocation if the sit	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 pro-	risions of the Laws and Rules for Sewage Treatment and Disposal and to t	the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:		Date: 11/01/2018
ANDREW WAR	Construction Authorization Expira	ation vale: 11 011 aoas

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 219 Margan Farm Dr. (US 401 N.)

ISSUED TO: Stephenson Blds, Frc. SUBDIVISION Margan Farm LOT # 10

Authorized State Agent: 4NDREW CURLIN

