## HTE# 5551902-0047 Harnett County Department of Public Health

Improvement Permit

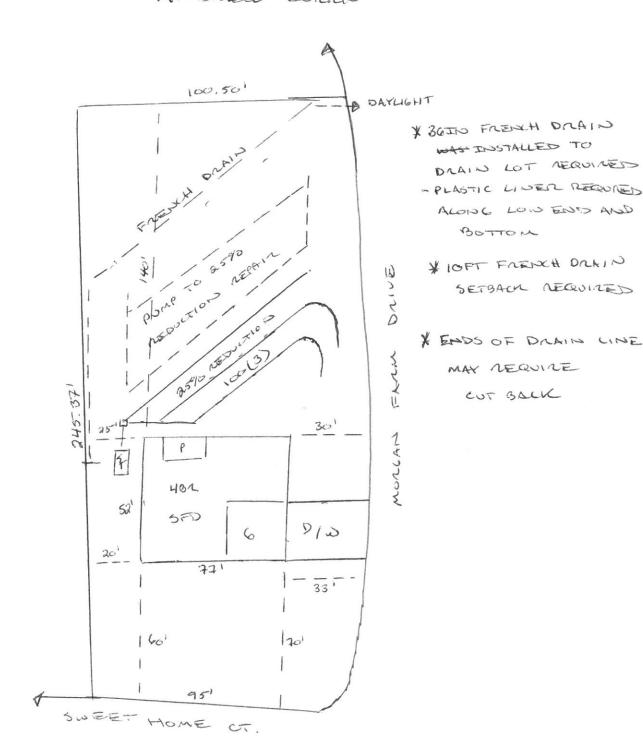
A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: Stephenson Blds Inc. SUBDIVISION Morgan Forms LOT # 2	2)
NEW L REPAIR L EXPANSION LI Site Improvements required prior to Construction Authorization Issuance:	
Proposed Wastewater System Type: 25% reduction Sys	
Projected Daily Flow: <del>4 &amp;6</del> GPD	
Basement $\square$ Yes $\square$ No	
Pump Required: \( \subseteq \text{Yes} \subseteq \text{No} \subseteq \text{May be required based on final location and elevations of facilities}	
Type of Water Supply:   Community Public Well Distance from well   Permit valid for: Five years   No expiration	
1 There will a soluble to	
Authorized State Agent:: Date:	
Construction Authorization	
(Required for Building Permit)  The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance.	ince
with the attached system layout.	
SSUED TO: Stephenson Bids Inc. PROPERTY LOCATION: 20 Sweet Home Ct. (US 401W) SUBDIVISION Margen Forms LOT # 21	>_
Facility Type: 481 77'x51'555	-
Basement?  Yes Basement Fixtures? Yes No	
Type of Wastewater System** 25% reduction System (Initial) Wastewater Flow: 480 GPI	D
See note below, if applicable	E1
Pump to 25% red. Sys- (Repair)	
nstallation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1250 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center	
Pump Tank Size gallons	
Maximum Trench Depth of: 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 GPMinches below	nino
Conditions: French Orain regulated to drain 1st [1st sectional] NA inches above inches	
VATED LINES (INCLUDING IDDICATION) MUST BE 10ET EDOM ANY DADT OF SEDTIC SYSTEM OF DEDAID ADEA	
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
IO 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: Date:	
his 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	
onstruction 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.	CH
Authorized State Agent: Date: 03/14/2019	
ANDIEWS CURLL Construction Authorization Expiration Date: 03/14/2024	

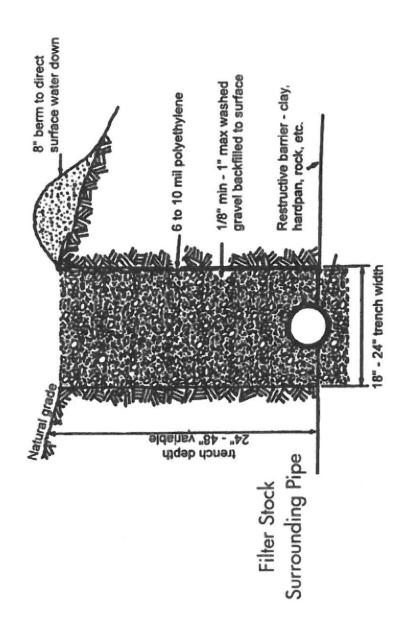
## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 20 Sweet Home (b. (US 401 N))

ISSUED TO: Stephenson Blds Inc. SUBDIVISION Morgan Towns LOT # 21

Authorized State Agent: 03/14/2019





Typical Curtain Drain