Harnett County Department of Public Health

Improvement Permit

PROPERTY LOCATION 12 5 Machina Form Me (155 Hours)		
ISSUED TO: Stephenson Gdo -Trc. PROPERTY LOCATION: 175 Morgan Farm G. (US 401 W.) SUBDIVISION Morgan Farm LOT # 8		
NEW REPAIR EXPANSION Site Improvements' required prior to Construction Authorization Issuance:		
Type of Structure: 3-Bedton 521x591 5FD		
Proposed Wastewater System Type: 25% reduction Sys.		
Projected Daily Flow: 360 GPD		
Number of Dedrooms: 3 Number of Occupants: 5 max		
Basement Yes No Pump Required: Yes No May be required based on final location and elevations of facilities		
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years Permit conditions: No expiration		
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The state of the s		
Authorized State Agent:: Date: 11/21/2019 SEE ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 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, 1957, 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: Stephenson Blds Frc. PROPERTY LOCATION: 175 Morgan Form Dr. (US4CIN) SUBDIVISION Morgan Form Dr. (US4CIN) Facility Type: 352 53'x59' 570 PNew Expansion Repair		
Basement? Yes No Basement Fixtures? Yes No		
Type of Wastewater System** 25% reduction System (Initial) Wastewater Flow: 366 GPD		
See note below, if applicable (1)		
25% reduction 5,30 (Repair)		
nstallation Requirements/Conditions Number of trenches 4		
eptic Tank Size 1000 gallons Exact length of each trench 60 feet Trench Spacing: Feet on Center		
Pump Tank Sizegallons		
Maximum Trench Depth of:		
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)		
in all directions)		
Pump Requirements:ft. TDH vsGPMinches below pipe		
Aggregate Depth: inches above pipe		
onditions: Gravity to D-Box Distribution Required NA inches total		
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. O 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.		
wner/Legal Representative Signature: Date:		
is 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.		
Authorized State Agent: 11/21/2019		
ANISMEN Construction Authorization Expiration Date: 11/21/2024		

Harnett County Department of Public Health Site Sketch

Property Location: 175 Morgan Farm Dr. (US 461 N.)	
Issued To: Stephenson 31d8 Inc Subdivision Margen Fo	Lot # 8
Authorized State Agent: ANDREW CSRING	Date:
25% NEDUCTION REPAIR 15' SETURAL 25% NEDUCTION 60(4) 18IN 15' SETURAL 15' SE	* CRADITY TO D-BOX EQUAL DISTUBUTION * DRAINCINES SHALL BE TIGHT TO LEFT P.L. [IOFT MIN SETBACK]

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.