## Harnett County Department of Public Health

Improvement Permit

| A Dullding permit can  | not be issued with only an improvement Permit  | \     |
|--|--|-------|
| WHEN IN BOBEOVERSON BLAS IN  | PROPERTY LOCATION: 197 Morgan Fain Do. (US 40) N. SUBDIVISION Morgan Fain to Construction Authorization Removes  | 2     |
| NEW ₹ REPAIR EXPANSION   | Site Improvements required prior to Construction Authorization Issuance:   |       |
| Type of Structure: 3-Bedroom 73'X52' SFO   |  |       |
|  |  |       |
| Proposed Wastewater System Type: 25% reduction Sys.  Projected Daily Flow: 366 GPD   |  |       |
| Number of bedrooms: Number of Occupants:   |  |       |
| Basement 🔲 Yes No  |  |       |
| Pump Required: ☐Yes ☑ No ☐ May be required based on final I  |  |       |
| Type of Water Supply: Community Public Well Distar   | and any and the state of the st |       |
| Permit conditions:   | No expiration  |       |
| 11 A   |  |       |
| Authorized State Agent::   | Date: 12/04/2019 SEE ATTACHED SITE SKETCH  |       |
| The issuance of this permit by the Health Department in no way guarantees the issuance of othe                               | er 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 provision   | ns of |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.                                       |  |       |
| Constu   | ustion Authorization   |       |
| Constr   | <u>ruction_Authorization</u>   |       |
|  | quired for Building Permit)  |       |
| The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, with the attached system layout. | . 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordan  | nce   |
| 155UED TO: Stephenson Blds Inc   | PROPERTY LOCATION: 197 Marger Farm & ( ws year subdivision Marger Farm LOT # 9  Expansion Repair   | 3)    |
| Facility Type: 300 43'X50' SEE   | Francian Repair  |       |
| Basement? Yes No Basement Fixtures? Yes  | □ No   |       |
| - <i>/</i> -   | ion 2956 (Initial) Wastewater Flow: 360 GPD  | 1     |
| (See note below, if applicable )   | (IIIIIIai) Wasiewater Flow OFD   | ,     |
|  | (Renair)   |       |
| Installation Requirements/Conditions  Number of trench   | hos 4  |       |
|  | each trench 60 feet Trench Spacing: 9 Feet on Center   |       |
|  | e installed on contour at a Soil Cover: 6 inches   |       |
| •  | Depth of:inches (Maximum soil cover shall not exceed   |       |
|  | shall be level to +/-1/4"  36" above the trench bottom)  |       |
| in all directions)   | And the second control of the contro |       |
| Pump Requirements:ft. TDH vsGPM  | NA inches below p  | nino  |
| Tump requirementstt. 1011 450111   | Aggregate Depth:inches above   |       |
| Conditions: Committee to DeBox Nise  |  |       |
| Conditions: Gravity to D-BOX Dist  | tribution NA inches to   | Utai  |
| WATER LINES (INCLUDING IRRIGATION) MUST BE JOST FROM A   | NIV DADT OF CERTIC CYCTEA OD DERAID ADEA   |       |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI   |  |       |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA   | 4.   |       |
| **If applicable: 1 understand the system type specified is different from t  | the type specified on the application. I accept the specifications of this permit.   |       |
| Owner/Legal Representative Signature:  | Date:  |       |
|  | 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 S                          |  | .H    |
|  | )  |       |
|  | ruction Authorization Expiration Date: 12/04/2014  |       |
| and the conain Constr  | ruction Authorization Expiration Date: 12/04/2024  |       |

## Harnett County Department of Public Health Site Sketch

Property Location: 197 Morgan Form Dr. (05 401 N) Morgen Farms Lot# 9 Issued To: Steplenson Bldo Inc. Authorized State Agent: \_\_\_ Date: \_\_/2/04/20/9 1201 XGRAVITY TO D-BOX DISTRIBUTION \* DRAINLINES 60 (4) NEBI L 8 RAINACE SLAB 6 302 SFO D PUNCH 2 E 120

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