## Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATI	INV. 555 and Ibara Ct. 1	16 (40) 20
155UED TO: Stephenson BIds	SUBDIVISION _	Morgan Farms	LOT # 16
NEW REPAIR EXP.	ANSION	Site Improvements required prior to Construction Autho	rization Issuance:
Type of Structure: 4 - Bedoon 5	11×491 SED		
Proposed Wastewater System Type: 25%	reduction &s.		
Projected Daily Flow: 486 GPD			
	Occupants: 😕max		
Basement Mes No		<u> </u>	
	required based on final location and elevati		*C
Type of Water Supply: Community Pub	ic well	feet Permit valid for:	No expiration
Fernit Conditions.	•		I No expiration
	2		
Authorized State Agent:			CACHED SITE SKETCH
		holder is responsible for checking with appropriate governing bodies in	
the Laws and Rules for Sewage Treatment and Disposal and to co		fected by a change in ownership of the site. This permit is subject to	compliance with the provisions of
-			
	Construction Aut	horization	
	(Required for Buildin		
The construction and installation requirements of Rules 1950, 19		incorporated by references into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.			
ISSUED TO: Stephenson Blds	> Fac. PROPERTY	LOCATION: 55 Sweet Home Marger Forms	- ct (US 40) h
1 0 1	SUBDIVISION	Morgen Farms	LOT #
Facility Type: 4 - Bedroom 57 x4	New L Expansion	on Repair	
	Fixtures? Yes No		
Type of Wastewater System**	570 reduction 3	Stem (Initial) Wastewater Flow:	_4ec GPD
(See note below, if applicable )			
_25% N	Number of trenches 3	(Repair)	
		9	
Septic Tank Size 1250 gallons	Exact length of each trench	GC feet Trench Spacing:	Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on con	ntour at a Soil Cover:	ınches
		20 inches (Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	+/-1/4" 36" above the trench bot	tom)
	in all directions)		
Pump Requirements:ft. TDH vs	GPM	NA	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MU		PTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPA	IR DRAIN FIELD AREA.		
**If applicable: / understand the system type spee	cified is different from the type specified	on the application. I accept the specifications of	this permit
	is amount man and type specime	on the appreciation is accept the specimentons of	ins permit.
Owner/Legal Representative Signature:		Date:	
	plan, plat, or the intended use changes. The Construction	on Authorization shall not be transferred when there is a change in c	wnership of the site. This
Construction Authorization is subject to compliance with the provis			ATTACHED SITE SKETCH
Authorized State Agent:		Date: 12/19/2019	
Avonan con	Construction Authoriz	ation Expiration Date: 12/19/202	4
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## Harnett County Department of Public Health Site Sketch



