Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 25 MONGAN FARM ON. (US 401 N.) BLDS INC. SUBDIVISION ____ MOREAS =ARM ISSUED TO: STEPHENSON Site Improvements required prior to Construction Authorization Issuance: EXPANSION | REPAIR | Type of Structure: 4 BEDDOOM FOX59 STD Proposed Wastewater System Type: 25% 150x 100 573. Projected Daily Flow: 486 Number of Occupants: __ &___ max 4 Number of bedrooms: ___ Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes No Type of Water Supply: Community Public Well Distance from well feet Permit valid for: ₩Eive years No expiration Permit conditions: 02/01/2021 Authorized State Agent:: 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. PROPERTY LOCATION: 25 MOREAGE FARM Dr. (US 401 N.) ISSUED TO: STEPHENSON BLOS INC Facility Type: 4-50 70'x55' 550 New Expansion Repair Basement Fixtures? Yes Basement? Yes No 25% MENICITION STOTEN (Initial) Wastewater Flow: 480 Type of Wastewater System** (See note below, if applicable) Number of trenches Installation Requirements/Conditions Trench Spacing: 9 Exact length of each trench _ Septic Tank Size 12.50 gallons Soil Cover: Trenches shall be installed on contour at a gallons Pump Tank Size Maximum Trench Depth of: (Maximum soil cover shall not exceed 36" above the trench bottom) (Trench bottoms shall be level to +/-1/4" in all directions) Pump Requirements: _____ft. TDH vs. _ __ inches below pipe _____ inches above pipe Conditions: CRAWITY TO D-BOX EGNAL WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO 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: This 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 SEE ATTACHED SITE SKETCH 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: Construction Authorization Expiration Date: 62/6/12026 ANDREN CUZZIN

Harnett County Department of Public Health Site Sketch

Property Location: <u>2</u>					
Issued To: STECHIE	JUSEN BLDS	Subdivision	mores =	tra	Lot #/
Authorized State Agen		ANOVEW COS	MIN	Date:	G2/61/2021
2 107 80	30' STREETSCAPE BUILERA	40' V 59' 40' V 59' CE 40' V 59'	TECONTOS 1556 1 SOCIOS 12	EGUAL NEGI * THZZZ	SISTALBUTION SINGO (3) ICOFT PERMISSIBLE

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