SEE ATTACHED SITE SKETCH

Date: 5-26-22

Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Pendit is STAGG PROPERTY LOCATION: 50 1505 Percy Grove TO STANCII Buildens INC SUBDIVISION ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: EXPANSION NEW 17 Type of Structure: _ Proposed Wastewater System Type: 25% Neduction Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number Number of Occupants: Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: Yes Type of Water Supply: Community Public Well Distance from well _______feet Permit valid for: Permit conditions: 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 PROPERTY LOCATION: Sc 1505 PENCY GROVE PD LOT # 4 ISSUED TO: STANCES Burlders INC SUBDIVISION _____ Basement Fixtures? Yes No Basement? Yes (Initial) Wastewater Flow: 360 75% reduction System Type of Wastewater System** (See note below, if applicable) Number of trenches 2 Installation Requirements/Conditions Exact length of each trench 100 _feet Trench Spacing: ___ Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size _____gallons Maximum Trench Depth of: 24-718 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. ___ 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: 1 understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

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

Construction Authorization Expiration Date: __

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.

Owner/Legal Representative Signature:

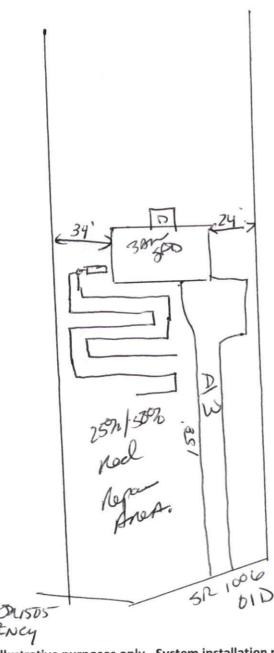
Authorized State Agent

Harnett County Department of Public Health
Site Sketch
SLIDOL DID STAGE + ULGO OND STAGE RD

Property Location: 31 1505 Persey Grove RD

Issued To: STANCE BIDNS INC Subdivision Lot # 4

Authorized State Agent: Date: 9-26-22



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