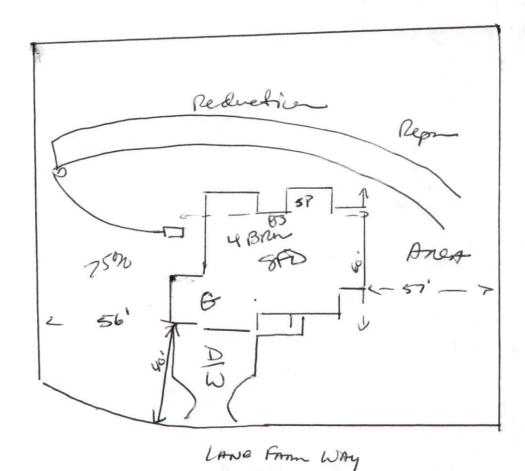
Harnett County Department of Public Health

Improvement Permit

A bunuing perior cann	PROPERTY LOCATION: Soc 1407 WAD & 5 BPHENSON		
ISSUED TO: STEPHENSON Buelders	SUBDIVISION LANG FARMS LOT # 11		
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: 360	100 - Co 1000 101 - 101		
Proposed Wastewater System Type: 28% NEDuction			
Projected Daily Flow: 480 GPD			
	max		
Basement Yes No			
Pump Required: Yes No Anay be required based on final lo			
Type of Water Supply: Community Public Well Distan			
Permit conditions:	No expiration		
à 1 I	NETRAS		
Authorized State Agent: Manhan	Date: 10-26-22 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		
	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.			
	2 4 4 2 2		
Constr	uction Authorization		
Appendix .	uired for Building Permit)		
	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: STEPHENISON BUILDERS	PROPERTY LOCATION: STL 1407 WADE STEPASOSONI SUBDIVISION LOT # 11		
/	SUBDIVISION LANGE FARM LOT # 11		
Facility Type: New	Expansion Repair		
Basement? Yes No Basement Fixtures? Yes			
Type of Wastewater System** 25% REAUCTION Sy	Ster (Initial) Wastewater Flow: 480 GPD		
(See note below if applicable 1)	(IIIII al) Wasternater Flori.		
(See note below, if applicable) 25% REDUCTION S	(Renzir)		
	4		
0	installed on contour at a Soil Cover: inches		
	Depth of: 24-18 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 vsGPM	inches below pipe		
	Aggregate Depth: inches above pipe		
Conditions:	inches total		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA			
** If and in him I understand the system time specified is different from	the type specified on the application I account the specifications of this parmit		
The applicable. I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.		
Owner/Logal Representative Signature:	Date:		
Owner/Legal Representative Signature:	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	CEE ATTACHED CITE CHETCH		
	1-7248		
Authorized State Agent Date: 10-26-23			
Authorized State Agent: James (A)	ruction Authorization Expiration Date: 10-26-27		
Const	ruction Authorization Expiration Date:		

Harnett County Department of Public Health Site Sketch

Property Location: SIC 1407 WANDE	STEPHENSON RD		
Issued To: STEPHENSON BIONS	Subdivision (ANE FARMS		Lot #
Authorized State Agent:	Manhon Joe 1845	Date: _	10-26-22



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