HTE# 06-500 16135 Harmet County Department of Public alth 23441

Improvement Permit

A building bettilt calliot be issued	. 1 7 . 1 . 7 . 7 . 1
ISSUED TO: Allen & JAnine Blanchette SUBDIVISION	
DEDAID CONTRACTOR CONT	Site Improvements required prior to Construction Authorization Issuance:
NEW REPAIR EXPANSION Type of Structure: SFD 60 x 63 302	site improvements required prior to constitution rationization issuance.
Proposed Wastewater System Type: Pup to conventional	
Projected Daily Flow:360GPD	
Number of bedrooms: 3 Number of Occupants: max	
Basement Yes SNo	
Pump Required: ≥ Yes □ No □ May be required based on final location and e	levations of facilities
Type of Water Supply: Community Public Well Distance from well	50 feet Permit valid for: Five years
Type of Water Supply: Community Public Well Distance from well Permit conditions: Community Public Well Distance from well	maintain all set Dacks No expiration
Transfer of the state of the st	
() 1 201	12 2/ 2/
	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other pe	
their requirements. This site is subject to revocation if the site plan, plat, or the intended use change	
permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and	Disposal and to conditions of this permit.
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<u>Construction</u>	Authorization
(Required for Br	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .19	158. and .1959 are incorporated by references into this permit and shall be met. Systems shall be
installed in accordance with the attached system layout.	, m al
ISSUED TO: Allen & Janne Blanchette PROPE	ERTY LOCATION: W. A. C.
SUBDIV	VISION LOT #
Facility Type: SFO 60 X60 3BA New Ex	pansion Repair
Basement? ☐ Yes No Basement Fixtures? ☐ Yes ☑ No	
Type of Wastewater System** (Unitial)	Wastewater Flow: GPD
(See note below if applicable A)	
Facility Type: SFO 60 x60 3BC New Exp Basement? Yes No Basement Fixtures? Yes XNo Type of Wastewater System** Yugh for Conventional (Initial) (See note below, if applicable A) 360 LF & LOP	(Repair)
Installation Requirements/Conditions	3
	3
Septic Tank Size gallons	4×100 feet Trench Spacing: 7 Feet on Center
Pump Tank Size / OD gallons Trenches shall be installed o	,
Maximum Trench Depth of:	
(Trench bottoms shall be lev	vel to +/-1/4" 36" above the trench bottom)
in all directions)	(
Pump Requirements:ft. TDH vs GPM	Aggregate Depth: inches below pipe inches above pipe
	Aggregate Depth: inches above pipe
Conditions:	
**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:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use cha	anges. 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 Sewage Treatment and Disposal and to the conditions of this permit.
/ / 1/0/	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 12 2/0 4
Construction Au	thorization Expiration Date: 12-21

HTE# 06-500 16135

Permit # 23441

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Allen & Janine Blacket	TC SUBDIVISION		LOT #/
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Authorized State Agent:	1	_ Date:/~ \(\sqrt{-0} \) \(\cdot \)	
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