HTE#06-5-16147

Harnest County Department of Public ... salth 23294

Improvement Permit

	A building perm	it cannot be issued w	ith only an Improvement	Permit Q (SQUO)	6
ISSUED TO: QUEST DEV. C	a lac	PROPERTY LOC	GATENIEST	LACKRO (SRWA	LOT # 1
		30001131011	Site Improvements req	uired prior to Construction Auth	
Proposed Wastewater System Type: 25%	FOUCTION SY	STEM			3.46
Projected Daily Flow: 360 GP					
Number of bedrooms: Number Basement □ Yes ※ No	er of Occupants:	max			
	y be required based on	final location and ele	vations of facilities		
Type of Water Supply: Community Permit conditions:				Permit valid for:	Five years No expiration
The M					
Authorized State Agent:: The issuance of this permit by the Health Department their requirements. This site is subject to revocation		ne issuance of other pern		sponsible for checking with appropr	
permit is subject to compliance with the provisions	of the Laws and Rules for S	Sewage Treatment and D	isposal and to conditions of	this permit.	
	Co	nstruction A	uthorization		
		(Required for Bui	Iding Permit)		
The construction and installation requirements of Ru	ies .1950, .1952, .1954, .1			ed by references into this permit a	nd shall be met. Systems shall be
installed in accordance with the attached system lay	out.			Q . P	(101120)
ISSUED TO: QUEST DEV. C	o, INC.	PROPER	TY LOCATION: LEM	UES DEACK KS	(3121125)
C= (10: 10:)	_				LOT #
Facility Type: 5FD (63'×60')			nsion 🗆 Repair		
	ement Fixtures? 🔲 Y			0.46	
Type of Wastewater System** 25%	REDUCTION SY	ISTEM (Initial)	Wastewater Flow: _	360 GPD	
(See note below, if applicable □)					
LPF			(Repair)		
Installation Requirements/Conditions		1 TREN	197		
Septic Tank Size 1000 gallons	Exact leng	gth of each trench _	300 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size gallons	The second secon	shall be installed on		Soil Cover: 6	inches
	Maximum	Trench Depth of:	18-20 inches	(Maximum soil cover sha	all not exceed
	(Trench be	ottoms shall be level	to +/-1/4"	36" above the trench I	bottom)
	in all dire	ections)			
Pump Requirements:ft. TDH	vs GPM	***		5 4 4 20	inches below pipe
				Aggregate Depth:	inches above pipe
Conditions:					inches total
**If applicable: I understand the	system type specified	is different from th	e type specified on the	application. I accept the spe	ecifications of this permit.
Owner/Legal Representative Signature:				Date:	<u> </u>
This Construction Authorization is subject to revocate					
of the site. This Construction Authorization is subject	to compriance with the p	rovisions of the Laws an	d Kules for Sewage Treatmen		ATTACHED SITE SKETCH
Authorized State Agents	JAMAN .	25	Dat		
Authorized State Agent:				12/11/06	
		construction Auth	iorization Expiration l	Date: 12/11/11	

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: LEMUEL BLACK RO (5	seins)
ISSUED TO: QUEST DEV. Ca. INC.	SUBDIVISION GATENEST	LOT # <u></u>
Authorized State Agent:	S (OLIVER TOLKSOORS) Date: 12/11/06	

