HTE# 06-5-K151R

Harnett County Department of Public Health

25694

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: LEMUEL BLACK RD PROPERTY LOCATION: LEMUEL
SUBDIVISION GATEMEST ISSUED TO: QUEST DEV. Co, INC Type of Structure: STO LGO: X60 Proposed Washington Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pump To 25% REDUCTION Projected Daily Flow: 360 GPD Number of bedrooms: Number of Occupants: 6 max Basement Yes Pump Required: Yes No May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well 100 feet Permit valid for: Five years Permit conditions: Authorized State Agent:

Date: 10 6 9 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 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. ISSUED TO: QUEST DEV. CO. WC PROPERTY LOCATION: LEMVEL BLACK DO SUBDIVISION GATEWEST Facility Type: _ SEO(60'×60) New Expansion Repair Basement Fixtures? Yes No Type of Wastewater System** | Pune TO 25% REDUCTION STEEM (Initial) Wastewater Flow: 360 GPD (See note below, if applicable \square) Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ voo o gallons Maximum Trench Depth of: 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 vs. GPM ____ inches below pipe Aggregate Depth: ______ inches above pipe Conditions: Using System OaisiNALLY PERMITED FOR LOT 7 FOR INITIAL inches total SISTEM. SEE MAP BOOK 2009 PC 676-677 AUD ODIEWAL PERMIT FOR LOT 7 (#23860) **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 Construction Authorization is subject to compliance with provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: ___ Construction Authorization Expiration Date: LOGIL

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Permit # 23860

Harnett County Department of Public Health Site Sketch



