HTE#<u>06-5-16155</u>

Harnett County Department of Public Health 23539 Improvement Permit A building parmit cannot be issued with only an Improvement Permit

	Panding permit came	ROPERTY LOCATION:	LEMUEL	BLACK RO (52	1725)
ISSUED TO: QUEST DEVELOPMENT C	e. hc.	SUBDIVISION Go	EWEST		LOT # 9
NEW 🔀 REPAIR 🗆 EXPANSION	N 🗆	Site	Improvements req	uired prior to Construction	Authorization Issuance:
Type of Structure: SFD (63×66)					
Proposed Wastewater System Type: Punk to 25% P	FONCE ION STAL	EM			
Projected Daily Flow: GPD GPD	/				
Number of bedrooms: 3 Number of Occupa	ants: <u> </u>	ax			
Basement Ves No					
	red based on final loca				
Type of Water Supply: Community Public	□ Well Distance	from well <u>\OC</u>	eet feet	Permit valid	
Permit conditions:					No expiration
		-			
	<u> </u>				
Authorized State Agent:	A RS	Date: 2/3	70/02	9	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way	guarantees the issuance				
their requirements. This site is subject to revocation if the site pl					
permit is subject to compliance with the provisions of the Laws a	and Rules for Sewage Tre	eatment and Disposal a	and to conditions of	this permit.	
	Constru	<u>ction Autho</u>	rization		
		red for Building P			
The construction and installation requirements of Rules .1950, .19				d by references into this nerr	mit and shall he met Systems shall he
installed in accordance with the attached system layout.					
ISSUED TO: Quest DEVELOPMENT CO.	1vc.	PROPERTY LOC	ATION: LEMU	EL BLACK RO	(Se1176)
		SUBDIVISION	GATEWEST		10T # 9
Facility Type: SFD (63×60)	New	☐ Expansion	☐ Repair		
	•	Z No	ш перап		
Type of Wastewater System** Rung To 256 Re		کر ۱۸۵ دغذدان ۱۸۸		360 000	
•	BOLION JO	iitiai) was	tewater Flow:	SGO GPD	
(See note below, if applicable \square)	% RECUEN.	Simon 18			
	70 . 00:00	(Ke	pair)		
Installation Requirements/Conditions	E.	TRENCHES			
ford Total Contract to				9	
Septic Tank Size 1000 gallons	Exact length of ea				Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be i			Soil Cover:	inches
	Maximum Trench D	$epth of: \frac{13-12}{12}$	† inches	(Maximum soil cover	shall not exceed
	(Trench bottoms sh	all be level to +/	'-1/ 4 "	36" above the tren	ch bottom)
	in all directions)				,
Pump Requirements:ft. TDH vs	GPM '				inches below pipe
				Aggregate Depth:	inches above pipe
Conditions: GOF COVER NEEDED OVER	DRAINFIELD			768768446 Deptili	inches total
		-		The Annual Control of the Control of	melies total
**16			· · · · · · · · · · · · · · · · · · ·	i i l	
**If applicable: / understand the system type	ie specifiea is aintere	nt from the type .	specified on the .	application. I accept the	specifications of this permit.
Owner/Legal Benrocentative Cometywe				D	
Owner/Legal Representative Signature:	-111			Date:	
of the site. This Construction Authorization is subject to compliance	pian, piat, or the intend	the laws and Pules for	Onstruction Authoriza	ation shall not be transferred	when there is a change in ownership
and area and a service of the servic	with the brossions of	inc cams and noics it	n semage treatment		SEE ATTACHED SITE SKETCH
Authorized State Agent:	29		N. 4		LE MINGRED MIE MEICH
Authorized State Agent:				2/22/07	Address of the second s
	Constru	ction Authorizatio	n Expiration Da	ite: <u>2/22/12</u>	

Harnett County Department of Public Health Site Sketch

