HTE#07-5-16736R

Harnett County Department of Public Health 24097

Improvement Permit

A bu	ilding permit cannot be issued with only an Improvement Permit
ISSUED TO: HOMELL EDWARDS	PROPERTY LOCATION: LEMVEL BLACK RO
NEW ★ REPAIR □ EXPANSION	SUBDIVISION LEATURE BLANCK RS GOTENEST LOT # 10
Type of Structure: SEO LGS ×65)	Site Improvements required prior to Construction Authorization Issuance: Pump May BE Omited IF AROPER FALL CAN
Proposed Wastewater System Type: Pume To 25%	SECONCION SECONTION IN THE CHILLED IN LISSERS ARE CAN
Projected Daily Flow: 360 GPD	BE MAINTAINED ALONG ENTIRE SUPPLY LINE
Number of bedrooms: 3 Number of Occupan	
Basement 🗆 Yes 🔀 No	
Pump Required: □Yes □ No ☑ May be required	based on final location and elevations of facilities
Type of Water Supply: Community Rublic Public	Well Distance from well 100 feet Permit valid for: Five years
Permit conditions:	─────────────────────────────────────
	Date: 9 100 SEE ATTACHED SITE SMETCH
Authorized State Agent:	SEE ATTACHED SITE SKETCH
their requirements. This site is subject to revocation if the site plan	uarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting 1, 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	d Rules for Sewage Treatment and Disposal and to conditions of this permit.
	Control of the period
	Construction Authorization
The construction and installation requirements of Rules 1950 1957	(Required for Building Permit) 2, .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: HOWELL EDWARDS	PROPERTY LOCATION: LEMUEL BLACK PO
	PROPERTY LOCATION: LEMUEL BLACK RD SUBDIVISION GATEMEST LOT # 10
Facility Type: SFD (65'×65)	New 🗆 Expansion 🗆 Repair
	es? \(\text{Yes} \) No
Type of Wastewater System** Pume To 25%	REDUCTION (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	(mittal) Wastewater Flow. 350 Up
DRIP	(Repair)
Installation Requirements/Conditions	(nepair)
	ITRENCH
Septic Tank Size 1600 gallons E	_
,	
	a all directions)
rump nequirementsit. IDH vs	GPM inches below pipe
Conditions: MINIMUM 6" OF COVER NE	Aggregate Depth: inches above pipe
CONDITIONS: THE PROPERTY OF COVER ME	EDEO OVER DRAINFIELD inches total
**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 pla	Date:
of the site. This Construction Authorization is subject to compliance of	with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
	SEE ATTACHED SITE SKETCH SEE SKETCH S
Authorized State Agent:	Date: 9 10 07 Construction Authorization Expiration Date: 9 10 12
	Construction Authorization Expiration Date: 9/10/12

HTE#	07-	-5-	1673	162
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Permit # 24097

Harnett County Department of Public Health Site Sketch

