HTE# 07-5-16742

## Harnett County Department of Public Health

25771

Improvement Permit

	A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: HOWELL EDWARDS/QUE	PROPERTY LOCATION: LEAVEL BLACK RO	
		LOT # <u>\6</u>
NEW REPAIR EXPAN  Type of Structure: SFD (60-260-)	SION LI Site Improvements required prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: 25% REON	ITIMA STATES	
Projected Daily Flow: 360 GPD	- Oler - Dign	
Number of bedrooms: 3 Number of Oc	cupants: 6 max	
Basement Yes X No	tupantsniax	
2 ;	quired based on final location and elevations of facilities	
	☐ Well Distance from well ☐ Geet Permit valid for:	Five years
Permit conditions:	reet lethirt valid for.	•
		☐ No expiration
Authorized State Agent::	RENS Date: 11 9 09 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua	arantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing hodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended us	ie 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 condi	ilons 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 he installed in accordance
with the attached system layout.		ones be instance in accordance
KUIED TO: HOWEN FOR MORELO	EST DEV. PROPERTY LOCATION: LEMUEL BLACK RD	
1330ED TO. 170WZZZ CENTRARY (30)	EST DEV. PROPERTY LOCATION: LEMVEL DLACK FO	
Facility Type: SFD(605460)	\BKIBV\IIN \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LOT # <u>\ 6</u>
	New Expansion Repair	
Basement?  Yes  No Basement F	ixtures? 🗌 Yes 💹 No	
Type of Wastewater System** 25% R	EOUOTION SYSTEM (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)		
Pume To 2	5% REQUOTIONS > STEM(Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 350 feet Trench Spacing:	Faat on Cantor
Pump Tank Size gallons	<b>*</b> • • • • • • • • • • • • • • • • • • •	
84110113		nches
	Maximum Trench Depth of: \\ \frac{18}{8}  \text{inches}  (Maximum soil cover shall n	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	om)
B	in all directions)	
Pump Requirements:ft. TDH vs		inches below pipe
	Aggregate Depth:	inches above pipe
Conditions: WATER LINE MUST BE	Wrom DEPTIC DYSTEM HIS TERMIT	inches total
REPLACES PERMIT =2430		
**If applicable: / understand the system type specifie	ed is different from the type specified on the application. I accept the specifications of th	
	and the type specified on the application. Taccept the specifications of the	iis permit.
Owner/Legal Representative Signature:	n .	
This Construction Authorization is subject to respection if the size along	plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in own	
Construction Authorization is subject to compliance with the account	plat, or the intended use changes, the Construction Authorization shall not be transferred when there is a change in own	
construction authorization is subject to compilating with the provision	of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:	PEHS Date: N 9 09	·
	Construction Authorization Expiration Date: 119114	
		***********

Permit # <u>25771</u>

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: LEMUEL BLACK RD	
ISSUED TO: HOWELL EDWARDS QUEST DEV. SUBDIVISION GATEMEST	LOT # _ الك
Authorized State Agent: 11909  Date: 11909	

\*SEE SUBDIVISION MAR FOR REPAIR EASEMENT LOCATED BEHIND LOTS 24+23.

