HTE# 07-5-16745

Harnett County Department of Public Health 24099

Improvement Permit

A	PROPERTY LOCATION: LEMUEL BLACK RD	
ISSUED TO: HOWELL EDWARDS	SUBDIVISION GATEMENT DEACH BY	20
NEW REPAIR FXPANSIO	N Site Improvements required prior to Construction Authorization Issuance:	<u> </u>
NEW REPAIR EXPANSION Type of Structure: SED (60 ×60)	Site improvements required prior to constitution authorization issuance.	
Proposed Wastewater System Type: Pune To 250	"REDUCTION	
Projected Daily Flow: 366 GPD		
	ants: 6 max	
Basement Tes X No	**************************************	
Pump Required: □Yes □ No ► May be requi	red 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	2
Permit conditions:	□ No expira	
	00 01.1.	
Authorized State Agent:	Date: 9/12/07 SEE ATTACHED SITE SKETO	. H
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 p	olan, 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.	
	Caratanatian Nation	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1	952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. System	ns shall be
installed in accordance with the attached system layout.		
ISSUED TO: HOWELL EDWARDS	A	
	SUBDIVISION GATEWEST LOT #	90
Facility Type: SFD (65×66)	New 🔲 Expansion 🖂 Repair	
Basement? Yes No Basement Fixt	ures? 🗆 Yes 🔀 No	
Type of Wastewater System** Pume to 25%	6 REDUCTON (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable)		
Punk to 20	5% REDUCTION (Repair)	
Installation Requirements/Conditions	(,	
•	3 TRENCHES	
Septic Tank Size 1000 gallons	Exact length of each trench 120 feet Trench Spacing: Feet on Center	
Pump Tank Size \ooo gallons	Trenches shall be installed on contour at a Soil Cover: inches	
Tuttip Talik Size gallons	the state of the s	
	Maximum Trench Depth of: 12 inches (Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
D D :	in all directions)	
Pump Requirements:ft. TDH vs	inches be	low pipe
	Aggregate Depth: inches al	oove pipe
Conditions: Min. 6 OF LOVER K	EQUIRED OVER DRAINFIELD INC	
Pume MAY BE OMITICO LE PROPER	FALL CAUBE MAINTAINED	
**If applicable: I understand the system typ	ne specified is different from the type specified on the application. I accept the specifications of this p	ermit.
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Owner/Legal Representative Signature:	Date:	
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	ownershin
of the site. This Construction Authorization is cobject to compliance	ce with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	p
	SEE ATTACHED SITE SWE	FCH
Authorized State Agent:	Construction Authorization Expiration Date: 9/2/07	
0	Construction Authorization Expiration Date: 9100	
	Construction Authorization Expiration Date.	

HTE# C	77-5-	167	45
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Permit # 24099

Harnett County Department of Public Health Site Sketch

