HTE# 07-5-16748

## Harnett County Department of Public Health

24911

**Improvement Permit** 

| A   | building permit cannot be issued with only an Improvement  |  |
|---|--|--|
| ISSUED TO: HOWELL EDWARDS   | PROPERTY LOCATION: LEMUEL SUBDIVISION GATENEST   | LOT # 23   |
| NEW M REPAIR T EXPANSION  | · · ·  | quired prior to Construction Authorization Issuance:   |
| Type of Structure: SEO (55 × 50)  |  | 1 From the state of the sta |
| Proposed Wastewater System Type: 25% REDUC  | XION SYSTEM  |  |
| Projected Daily Flow: 360 GPD   |  |  |
| Number of bedrooms: <u>3</u> Number of Occup  Basement □Yes   Number of Occup                             | pants: max   |  |
|   | ired based on final location and elevations of facilities  |  |
| Type of Water Supply:  Community Public   |  | Permit valid for: 🔀 Five years   |
| Permit conditions:  |  | No expiration  |
|   |  |  |
|   |  |  |
| Authorized State Agent:   | QS Date: C 17 08   | SEE ATTACHED SITE SKETCH   |
| site is subject to revocation if the site plan, plat, or the intended use of                              | itees the issuance of other permits. The permit holder is responsible for chi<br>hanges. The Improvement Permit shall not be affected by a change in own | ecking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of   |
| the Laws and Rules for Sewage Treatment and Disposal and to condition                                     | is of this permit.   | or the site. This permit is subject to compliance with the provisions of   |
|   |  |  |
|   | Construction Authorization   |  |
|   | (Required for Building Permit)   |  |
| The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout. | 754, .1955, .1956, .1957, .1958. and .1959 are incorporated by references  | into this permit and shall be met. Systems shall be installed in accordance  |
| ISSUED TO: Honell EDWARDS   | PROPERTY LOCATION:   | GALLS BLACK RO   |
| 10.   | PROPERTY LOCATION:   | 1 LOT # 23   |
| Facility Type: 5FD (55 ×50)   | New Expansion Repair   | LOT #  |
| Basement? Yes No Basement Fix   | tures? TYes TXNo   |  |
| Type of Wastewater System** 25% Rs  | EDUCTION SYSTEM  | (Initial) Wastewater Flow: 360 GPD   |
| (See note below, if applicable □)   | OUGTION SYSTEM (Repair)  |  |
| Installation Requirements/Conditions  | Number of trenches 1   |  |
| Septic Tank Size 1000 gallons   |  | Trench (nacing: 9 Feet on Center   |
| Pump Tank Size gallons  | Exact length of each trench 150 feet Trenches shall be installed on contour at a   | Soil Cover: inches   |
| 0   | Maximum Trench Depth of: inches  |  |
|   |  | 36" above the trench bottom)   |
|   | in all directions)   |  |
| Pump Requirements:ft. TDH vs  |  | inches below pipe  |
|   |  | Aggregate Depth: inches above pipe   |
| Conditions:   |  | inches total   |
|   |  |  |
|   |  |  |
| **If applicable: / 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:  |
|   | lat, or the intended use changes. The Construction Authorization shall not b   | , ,  |
| Construction Authorization is subject to compliance with the provisions of                                | the Laws and Rules for Sewage Treatment and Disposal and to the conditi  | ions of this permit. SEE ATTACHED SITE SKETCH  |
|   | 2-   | 1 1  |
| Authorized State Agent:   | Date:  |  |
| _   | Construction Authorization Expiration D  | ate: 6/18/13   |

| HTE# | 07- | -5-1 | 67 | 48 |
|------|-----|------|----|----|
|------|-----|------|----|----|

Permit # 24911

## Harnett County Department of Public Health Site Sketch

|                |            | PROPERTY LOCATON: LEMUEL BLACK RO |  |  |                 |  |
|----------------|------------|-----------------------------------|--|--|-----------------|--|
| ISSUED TO: _   | HOWELL     | EDWARDS                           | SUBDIVISION  | GATEWEST                               | LOT # <u>33</u> |  |
|                |            |                                   | _  | ` '                                    |                 |  |
| Authorized Sta | ate Agent: |                                   | es COLIVER TOL   | X5000F) Date: 6/18                     | 48              |  |
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|                |            |                                   |  |  |                 |  |
|                |            |                                   |  |  |                 |  |
|                |            |                                   | REPAIR AREA  | 1       9                              |                 |  |
|                |            | -                                 | - 25016 REOUL!   | '     1                                |                 |  |
|                |            | \ ,                               | REPAIR ME  |  |                 |  |
|                |            |                                   | \  | \                                      |                 |  |
|                |            |                                   | , A G/   | $\dot{z}$                              |                 |  |
|                |            | -                                 | DRAINAGE<br>EASEN  | NENT                                   |                 |  |
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