HTE# 07-5-16749

Harnett County Department of Public Health

24912

Improvement Permit

''	PROPERTY LOCA	ATION: LEMUE	L BLACK RO	
ISSUED TO: HOMELL EDWARDS	SUBDIVISION _	GATEMEST		FOL # タル
NEW REPAIR □ EXPANSION □		Site Improvements re	quired prior to Construction Auth	
Type of Structure: 500 (65'360')				
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	<u>o_</u>			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants: 6	max			
Basement □Yes ⋈ No Pump Required: □Yes □ No ⋈ May be required based on final				
Pump Required: Yes No May be required based on final Type of Water Supply: Community Public Well Dist:	location and elev	ations of facilities	B 1 11.4	~
Permit conditions:	ance from well <u>t</u>	OO leet	Permit valid for:	Five years No expiration
Authorized State Assess		<u> </u>		
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other in the instance of the issuance of t	Date: _	6 18 68	SEE A	TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	nt Permit shall not be	affected by a change in own	ership of the site. This permit is subject t	in meeting their requirements. This to compliance with the provisions of
Const	ruction Au	thorization		
	equired for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. System	ns shall be installed in accordance
ISSUED TO: Howell Empros	PROPERTY	LOCATION: LE	NUEL BLACK RO	
Facility Type: 380 (45260) New	SUBDIVISIO	ON <u>Grace</u> sion Repair	557	FOL # _ ゟ ゚ヮ゚
Basement? Yes Basement Fixtures? Yes		мон 🗀 керап		
Type of Wastewater System** 25% REOUCTION			Asidal Washing TI	300
(See note below, if applicable)	DIDIENT		(initial) wastewater flow:	<u> 360</u> GPD
25% REOVENION S	VC = 0	(Damaio)		
Installation Requirements/Conditions Number of tren	ASIEW E	_(Repair)		
• · · · · · · · · · · · · · · · · · · ·				
		feet feet	Trench Spacing:	_ Feet on Center
	e installed on co		Soil Cover: 6	inches
		18 inches	(Maximum soil cover shall	
	shall be level t	0 +/-1/4"	36" above the trench bo	ttom)
in all directions)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
6 P.			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified is different from	the type specifie	d 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 plan, plat, or the intended use	changes. The Construc	tion Authorization shall not b	e transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	Sewage Treatment and	Disposal and to the conditi	ons of this permit. SEE	ATTACHED SITE SKETCH
			Control type many and the control of	
Authorized State Agent:		Date:	C)18/88	
	ruction Authori	zation Expiration D		
CUIIS	Action Variabili	Lacion Expiration D	aic. 6/10/15	

Harnett County Department of Public Health Site Sketch

'' '	PROPERTY LOCATON: LEMUEL BLACK CO	
ISSUED TO: HOWELL COMARDS	SUBDIVISION GATEWEST	LOT # 2 ² 4
Authorized State Agent:	(OLIVER TOLKSDOV) Date: 6/18/08	
Authorized State Agent.	OLIVER TOLKSDOOF Date: 6/18/08	

