HTE#07-5-167542

## Harnett County Department of Public Health 25660

## Improvement Permit

	A building permit cannot be issued with only an Improvement Permit
ISSUED TO: HOWELL EDWARDS	PROPERTY LOCATION: LEMUEL BLACK RO
a single a statement	SUBDIVISION CONCENTENT LOT # 29
Type of Structure: SFO (60 × 40)	ION D Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDU	
Projected Daily Flow: 360 GPD	iciton Jatem
Number of bedrooms: 3 Number of Occ	10001/1 b
Basement $\Box$ Yes $\nearrow$ No	upants:max
	uired based on final location and elevations of facilities
Type of Water Supply: Community Public	
Permit conditions:	
111	□ No expiration
Authorized State Agent:: 10	RS Date: 8 31 09 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the dware of other normity the parmit helder is surrential for the state of
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditi	Changes, for interventell refinit shall not be atterfed by a change in ownership of the stee. This seems is not intervented in the steel of the stee
	ins of this permit.
	Construction Authorization
•	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, 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: HOMGHL LOWARDS	SUBDIVISION GATEWEET LOT # 29
	SUBDIVISION GATENEET LOT # 29
Facility Type: SFD (605440)	X. New 🗆 Expansion 🗆 Repair
Basement? 🗌 Yes 🛛 🔀 No 🛛 Basement Fin	
Type of Wastewater System** 25%	rtures? [] Yes [] No REDUCTION SYSTEM (Initial) Wastewater Flow: <u>360</u> GPD
()aa nafa halaw it applicable ( )	
25% RE	OUCTION SYSTEM (Repair)
Installation Requirements/Conditions	Number of trenches 1
Septic Tank Size 1000 gallons	
Pump Tank Size gallons	Term days of Bart 1 and 1
	(Irench bottoms shall be level to $+/-1/4$ " 36" above the trench bottom) in all directions)
Pump Requirements:ft. TDH vs	GPM inches below size
- and requirements:rt. 1Dit 43	
Conditions: WASED LINE Min- BE N.	Aggregate Depth: inches above pipe
SYSE DEL MUST DE NY	LEAST IN TROM ANY PART OF THE SEPTIC inches total inches total inches total is May NOT ENCROACH ON ANY SEPTIC SYSTEM AREA
UNITIES . OTHER UTILIT	153 MAY NOT ENGROADY ON ANY SEPTIC SUSSED HOEL
**If applicable: I understand the system type specified	is different from the type specified on the application. I accept the specifications of this permit.
** <u>If applicable:</u> / <i>understand the system type specified</i> Owner/Legal Representative Signature:	is different from the type specified on the application. I accept the specifications of this permit.
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**If applicable: / understand the system type specified Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the size plan, p Construction Authorization is subject to revocation if the size plan, p	is different from the type specified on the application. I accept the specifications of this permit.     Date:
**If applicable: / understand the system type specified Owner/Legal Representative Signature:	is different from the type specified on the application. I accept the specifications of this permit



