HTE# 07-5-16759R

Harnett County Department of Public Health 24308

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: LEMUEL BLACK RD		
ISSUED TO: HOWELL EDWARDS	SUBDIVISION GATENCEST	LOT # 37	
NEW ☑ REPAIR □ EXPANSION □		Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SFO (55 × 35)			
Proposed Wastewater System Type: 25% REDUCTION SYSTE	<u>TEM</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 I	location and elevations of facilities	√	
Type of Water Supply: Community Public Well Distar		Five years	
remite Conditions.		☐ No expiration	
	1		
Authorized State Agent::	Date: 8/24/07 SEE AT	TACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuan	ance of other permits. The permit holder is responsible for checking with appropria	te governing bodies in meeting	
their requirements. This site is subject to revocation if the site plan, plat, or the inten	ended 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	e Treatment and Disposal and to conditions of this permit.		
C			
Construction Authorization			
	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19	1956, .1957, .1958. and .1959 are incorporated by references into this permit and	shall be met. Systems shall be	
installed in accordance with the attached system layout.	DRODERTH LOCITION I TO THE O		
ISSUED TO: Howell Edwards	CURRUMCION C		
SED (55'X35')	SUBDIVISION GATEWEST	LOT # <u>37</u>	
Facility Type: SFO (55×35) New Expansion Repair			
Basement? Yes No Basement Fixtures? Yes	×No ⊃ (=		
Type of Wastewater System** 25% REDUCTION SYS.	_(Initial) Wastewater Flow: 360 GPD		
(See note below, if applicable [])	Sala		
Pume To 25% REDUC	CREPAIR)		
Installation Requirements/Conditions	4 TRENCHES		
	each trench <u>75</u> feet Trench Spacing: <u>9</u>	•••	
	be installed on contour at a Soil Cover: 6	inches	
	th Depth of: 12 inches (Maximum soil cover shall	not exceed	
(Trench bottoms	s shall be level to $\pm 1/4$ " 36" above the trench both	ttom)	
in all directions)	s)		
Pump Requirements:ft. TDH vs GPM	•	inches below pipe	
. 11	Aggregate Depth:	inches above pipe	
Conditions: 6" COVER NEEDED OVER DRAINFIELD.	. REPAIR AREA TO REMAIN UNDISTURGED	inches total	
No Landscheine ALLONDOLU REPAIR AC	bea	-	
**If applicable: I understand the system type specified is diffe	ferent from the type specified on the application. I accept the speci	fications of this permit.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
Owner/Legal Representative Signature:	Date:		
This Construction Authorization is subject to revocation if the site plan, plat, or the inte	ntended use changes. The Construction Authorization shall not be 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 conditions of this permit.			
		TACHED SITE SKETCH	
Authorized State Agent:	5 Date: 2 24 07		
Court	truction Authorization Expiration Date: 8 2412		

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: LEMUEL BLACK RD

SUBDIVISION GATEMEST LOT # 37

Authorized State Agent:

Date: 8 24 07

- * D-BOX CAN BE AT EITHER END OF LINE
- * Pump WILL BE NEEDED IF PROPER FALL CANNOT BE MAINTAINED
- LINE MUST BE
 LOCATED WITHIN 27'
 OF SIDE PROJECTSY

