HTE# 07-5-16762

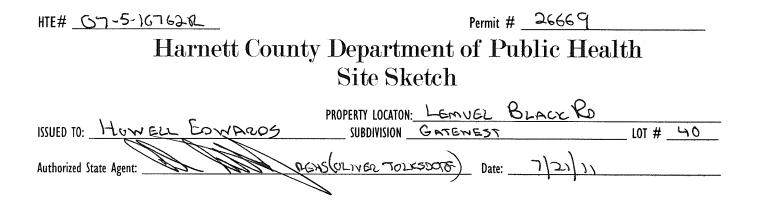
Harnett County Department of Public Health

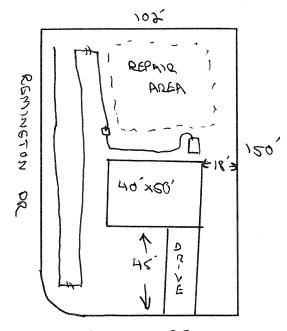
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At	ouilding permit cannot be issued wi	th only an Improvement	Permit Da	
ISSUED TO: HOWELL EDWARDS	PROPERTY LOC SUBDIVISION	ATION: LEMUEL	BLACK BD	
NEW REPAIR C EXPANSION				LOT # <u>40</u>
Type of Structure: SPD (SÚAGO)		site improvements re-	quired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: 25% REOVE	TIDA SUSTEM			
Projected Daily Flow: <u>360</u> GPD	201000			
Number of bedrooms: Number of Occupa	nts: C max			
Basement \Box Yes \overleftarrow{X} No				
	ed based on final location and elev	ations of facilities		<u></u>
Type of Water Supply: 🗆 Community 💢 Public	Well Distance from well	00 feet	Permit valid for:	Five years
Permit conditions:				\square No expiration
101 -				
		1		
Authorized State Agent:	RGHS Date:		SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante	ees the issuance of other permits. The permi	t holder is responsible for ch	ecking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use cha the Laws and Rules for Sewage Treatment and Disposal and to conditions		affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
	or this permit.			
	Construction A.	Ale wine tien		·····
	<u>Construction</u> Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.				
ISSUED TO: HOWELL EDWARDS	PROPERT		WEL BLACK RD	
		ON GATCHIC	T	LOT # 40
Facility Type:	_ `X New 🗆 Expan	sion 🗆 Repair	/	LUI #
Basement? 🗌 Yes 📉 No Basement Fixtu		sion 🗀 kepan		
Type of Wastewater System**	NOSIUN SYSTER	`		3(0
	VUSION OVSIC	<u>```</u>	(Initial) Wastewater Flow: _	<u> ちんの</u> GPD
(See note below, if applicable \Box)	Sur Sur			
	Number of trenches	_(Kepair)		
Installation Requirements/Conditions	Number of trenches		0	
Septic Tank Size 2000 gallons	Exact length of each trench		Trench Spacing:	Feet on Center
	Trenches shall be installed on c		Soil Cover: <u>G</u> i	nches
	Maximum Trench Depth of:	inches	(Maximum soil cover shall n	ot exceed
	(Trench bottoms shall be level a	:0 +/- /4"	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	
Conditions:				inches total
				menes total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.





GATEWEST OR