HTE#075-16763R

Harnett County Department of Public Health

Improvement Permit

26668

A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: HONGLE EOMARDS PROPERTY LOCATION: LEMVEL BLACK RO SUBDIVISION GATELLES	
NEW REPAIR CONTRACTOR	LOT # <u>4</u>)
Type of Structure: STO Construction Auth	orization Issuance:
Proposed Wastewater System Type: Pume To \$35% Resulting	
rrojected pany Flow: GPD	
Number of bedrooms: Number of Occupants: 6 max	
Basement 🗆 Yes 🔀 No	
Pump Required: Tes No May be required based on final location and elevations of facilities	
Type of tracer supply. Community Public Well Distance from well \	\sim
Permit conditions: feet Permit valid for:	Five years
The things	☐ No expiration
Authorized State Agent:	
The issuance of this permit by the Health Department in no way guarantee the	FACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	neeting their requirements. This compliance with the provisions of
Construction Authorization	
(Paguired for Building Building	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems the attached system layout.	
with the attached system layout.	shall be installed in accordance
ISSUED TO: HOWELL EOWARDS PROPERTY LOCATION: LEMUEL BLACK RA	
Facility Type: SFO (SSX40) New Expansion Repair	LOT # <u>41</u>
Recoment? Very Nepall	
Type of Wastewater Sustam** Quitantity Company	~ .
(See note below, if applicable) (Initial) Wastewater Flow:	360 GPD
100	
(Kepair)	
Santic Tank Size 10000	
The result of each french 1661 Leach Vision of the little of the littl	Feet on Center
ganons renches shall be installed on contour at a Soil Cover:	nches
Maximum Trench Depth of: 12 inches (Maximum soil cover shall n	
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	
in all directions)	m)
Pump Requirements:ft. TDH vs GPM	
	inches below pipe
onditions: G'UT COVER NEEDED OVER DOAINFIGED Aggregate Depth:	ınches above pipe
	inches total
ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
O UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of the	
	s permit.
wner/Legal Representative Signature:	
is Construction Authorization is subject to revocation if the site plan plat or the intended we change The C	
nstruction 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.	rship of the site. This
SEE AT	TACHED SITE SKETCH
othorized State Agent:	
Date: 1/23/11	
Construction Authorization Expiration Date:	_

Harnett County Department of Public Health Site Sketch

ISSUED TO: HOWELL EOMARDS	PROPERTY LOCATION: LEMVEL BLACK RO	
issue to: Trongs which	SUBDIVISION GATEWEST	LOT # _ L } \
Authorized State Agent:	REMS (OLIVER TOLKSOOME) Date: 7/21/11	
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