HTE#07-5-18804R

Harnett County Department of Public Health 24349 Improvement Permit

	PROPERTY LOC	ATION: LEMUEL (BLACE RO	
ISSUED TO: WEBCO DEVELOPER INC.	SUBDIVISION	CARLIE HI	1145	LOT # <u>32</u>
NEW REPAIR FOR EXPANSION Type of Structure: 5FO 50'~56'	REPAIR — EXPANSION Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure: 5FO 50 ×56)	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Proposed Wastewater System Type: 25% REDUCTION S	DYSTEM			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants: C	⊃max			
Basement Yes X No				
Pump Required: □Yes □ No ★ May be required based				~ .
Type of Water Supply: Community Public Wel	l Distance from well	100 feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
				AFFORD TO THE PARTY OF THE PART
Authorized State Agent:	LS Date:	11/15/07	CEE AT	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantee	the issuance of other perm	its. The permit holder is re	sponsible for checking with appropri	ate governing hodies in meeting
their requirements. This site is subject to revocation if the site plan, plat,	or the intended use changes.	The Improvement Permit st	hall 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				•
	Construction Au	<u>ıthorization</u>		
	(Required for Build	ding Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954			ed by references into this permit and	d shall be met. Systems shall be
installed in accordance with the attached system layout.			. 0	
155UED TO: WEGCO DEVELOPER INC.	PROPERT	Y LOCATION: <u>Lem</u>	UEL BLACK KD	
ISSUED TO: WEACO DEVELOPER INC.	SUBDIVISI	ON CARLIE H	السع	LOT # <u>3み</u>
Facility Type: 540 650 756)	🗷 New 📋 Expar	nsion 🗌 Repair		
Basement? Yes No Basement Fixtures?	•			
Type of Wastewater System** 25% REDUCK 10 N S	うマラ (Initial)	Wastewater Flow:	<u>360 </u>	
(See note below, if applicable □)	_			
25% REDUCT 102	DYSTEM	(Repair)		
Installation Requirements/Conditions				
	1 TR	ench		
Septic Tank Size 1000 gallons Exact l	ength of each trench _	a30 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size gallons Trenche	s shall be installed on o	contour at a	Trench Spacing: 9 Soil Cover: 6	inches
			(Maximum soil cover shall	
	bottoms shall be level		36" above the trench bo	
•	directions)	10 - 7 17 1	Jo above the trenen bo	ttom)
Pump Requirements:ft. TDH vs GPM	in ections)			inches halam nine
7 amp requirements1c. 1011 73 0111				inches below pipe
Conditioner			Aggregate Depth:	* *
Conditions:			· ·	inches total
**If applicable: / understand the system type specific	ind is different from the	+		· · · · · · · · · · · · · · · · · · ·
**If applicable: I understand the system type specific	ea is ainerent iroin the	type specified on the	application. I accept the speci	vications of this permit.
Owner/Legal Representative Signature:				
This Construction Authorization is subject to revocation if the site plan, plat	, or the intended use changes	s. The Construction Authoriz	ration 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		
	~ .		_	ITACHED SITE SKETCH
Authorized State Agent:	R5	Date:	11)12/01	
	Construction Author	rization Expiration D	ate: 11/15/12	

HTE#	9	-5-	188042
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Permit # <u>24349</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: LEMUEL BLACK RO	
ISSUED TO: WESCO PEVELOPER INC	SUBDIVISION CARLIE AILLS	LOT # 32
Authorized State Agent:	05 (OLIVER TOLKSOOTS) Date: 1/15/07	
7.14		

