HTE# 08.500-21182

Harnett County Department of Public Health

25207

Improvement Permit
nit cannot be issued with only an Improvement Permit

O(1 + 1)	PROPERTY LOCA		t feffillt			
ISSUED TO: Black Well Homes		INDER P	lace	LOT # 55		
NEW		()	quired prior to Construction			
Type of Structure: SFO-S9 x 47- 3	Ba	,	1 F	The state of the s		
Proposed Wastewater System Type: 25% Red 1	was such					
Projected Daily Flow: 360 GPD	, ,					
Number of bedrooms: Number of Occupant	s:max					
Basement ☐Yes → No						
	based on final location and eleva					
Type of Water Supply: Community Public Public			Permit valid	for: 😾 Five years		
Permit conditions: Meet on te for F.	nal Lagost n	mintain A	IN Sct BACKS			
STUB Out Plumbing Shalls 181.24 Other Depth Con !	w, AT ground/	evel prhis	ner Where S	hown And, A		
Authorized State Agent:		en vurp n				
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantees	the issuance of other permits. The permit	halder is recognitible for the	action with annualist accession	SEE ATTACHED SITE SKETCH		
site is subject to revocation if the Site plan, plat, or the intended use change the Laws and Rules for Sewage Treatment and Disposal and to conditions of	es. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is	booles in meeting their requirements. This subject to compliance with the provisions of		
	Construction Au	<u>thorization</u>				
	(Required for Build					
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	.1955, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be me	et. Systems shall be installed in accordance		
ISSUED TO: Black well Homes	PROPERTY	LOCATION: 11				
SCO FL 201		IN Tingen 6	PlACE	LOT # <u></u>		
Facility Type: SFO-51x47-302	/	ion 🗆 Repair				
	s? 🗆 Yes 🔑 No	1				
Type of Wastewater System** Kung t- 25	To Reduction Sys	ter	(Initial) Wastewater	Flow: <u>3~</u> GPD		
(See note below, if applicable) Purp to 2	5% Reduction sy.	_(Repair)				
Installation Requirements/Conditions	umber of trenches					
Septic Tank Size 1000 gallons E	xact length of each trench	l XD feet	Trench Spacing: 9	Feet on Center		
	renches shall be installed on co	ontour at a	Soil Cover:	inches		
· ·	aximum Trench Depth of:	8 24 inches	(Maximum soil cover			
Zr 10-90	rench bottoms shall be level to		36" above the tren			
,	all directions)			·····		
Pump Requirements:ft. TDH vs (iPM			inches below pipe		
			Aggregate Depth:	inches above pipe		
Conditions:			nggregate beptil	inches total		
				menes total		
**If applicable: / understand the system type specified is	different from the type specifie	ed on the application	. I accept the specification	ons of this permit.		
Owner/Legal Representative Signature:			Date:			
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat,	or the intended use changes. The Construc	tion Authorization shall not	be transferred when there is a ch	ange in ownership of the site. This		
Construction Authorization is subject to compliance with the provisions of the				SEE ATTACHED SITE SKETCH		
Authorized State Agent:		n ,	11.01.54			
MULIIOTIZEU STATE AGEITT.	<i>f</i>	Date:		10		
Construction Authorization Expiration Date: 11-26-2013						

HTE# 08.500-21182

Permit # <u>25</u> 207

Harnett County Department of Public Health Site Sketch

Site Sketch							
ISSUED TO:	Clack well Home,	PROPERTY LOCATOI SUBDIVISION	1: 1139 Twgen Place	_ LOT # _5.T			
Authorized State	1 de		Date: 11.26-08				
	54						
i Orrice	25% Adution System Ryain April 380		Meet Onsite for 1 Maintain All Set ! STUB Out Clumbs At ground kill Where Shown And 24" Dith Depth Maintain Then MAT Be Required ZolfAll 180 1 System At 18th	3Aeki ng shallow orhigher 1, f 18t. h, can be pampmag			

Milao Co-rx 92