HTE# 09-5-21957 R

## Harnett County Department of Public Health

25480

## Improvement Permit A building permit cannot be issued with only an Improvement Permit

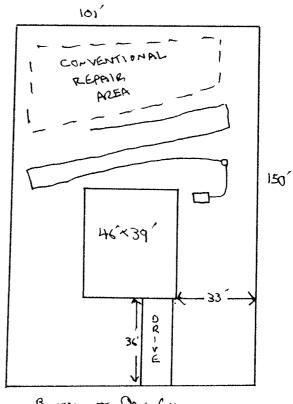
ICCUED TO	1 ~~~ ~~				IEL BLACK	, KD	
ISSUED TO: CAYINGS			_ SABDIAIZION <sup>_</sup>	Forces C			FOI # 189
NEW REPAIR C Type of Structure: SFO	J XPANSIO	ON L		Site Improveme	nts required prior	to Construction Author	rization Issuance:
			••				
Proposed Wastewater System Type		ONDT					
Projected Daily Flow: 360							
Number of bedrooms: 3	Number of Occu	pants:	_max				
Basement  Yes No							
Pump Required: Tes N		uired based on final lo	cation and elev	ations of facilities			
Type of Water Supply:  Comm	iunity X Public	□ Well Distan	ce from well $\_$	100 fee	et .	Permit valid for:	Five years
Permit conditions:							☐ No expiration
Authorized State Agent::	Ti Sal	RS		5/21/69			
The issuance of this permit by the Health	Department in no way guara		Date: _		Construction of the	SEE ATT	ACHED SITE SKETCH
site is subject to revocation if the site plan the Laws and Rules for Sewage Treatment	n, piat, or the intended use o	changes. The Improvement	Permit shall not be	affected by a change	in ownership of the sit	ropriate governing bodies in e. This permit is subject to	meeting their requirements. This compliance with the provisions of
		Constri	uction Au	thorization	<u> </u>		
					1		
The construction and installation requireme	nts of Rules 1950 1957 1	( <b>Neq</b> i) 7301 3301 3301 830	uired for Build	ling Permit)	Same and the same		
The construction and installation requireme with the attached system layout.							
ISSUED TO: CAYINESS	, Land DE	ν.	PROPERTY	LOCATION:	EMUEL B	LACK RO	
,	~		SUBDIVISI	ON FORES	< CAVE		L81 # 10J
Facility Type: SFD (46	~391)	🔀 New	☐ Expans	sion $\square$ Re	noir		LUI #
Basement?  Yes		tures?  Yes		oton 🗀 Ne	:pair		
Type of Wastewater System**	Convers		ZZ 110		/t :: n	. 117	2/6
(See note below, if applicable [		10,74,0	······		(Initial)	Wastewater Flow:	_ <u>360</u> GPD
(see note below, if applicable L	CONVEN	es a sin 1		(2)			
Imatellation Demoisson 11.5				_(Repair)			
Installation Requirements/Conditi		Number of trench				0	
Septic Tank Size 1000	gallons	Exact length of ea			eet Trench Sp	acing: <u> </u>	Feet on Center
Pump Tank Size	_ gallons	Trenches shali be	installed on co	ontour at a	Soil Cover	: <u>12                                    </u>	nches
		Maximum Trench	Depth of:2	inc	thes (Maximu	ım soil cover shall n	ot exceed
		(Trench bottoms s	•		<b>V</b>	ove the trench botto	
		in all directions)				ore the trenen bott	,,
Pump Requirements:	ft. TDH vs.					۶	inches heleve sine
1 1					Agguagata		P.F.
Conditions:					Aggregate	•	inches above pipe
conditions.							<u> </u>
++1( 1' 11 / / / / /							
**If applicable: / understand the	system type specified	is different from th	e type specifie	ed on the applica	ation. I accept th	e specifications of th	his permit.
Owner/Legal Representative Signa his Construction Authorization is subject to compare the contraction of the subject to compare the subje	iture:					Date:	
his Construction Authorization is subject to	revocation if the site plan, pl	lat, or the intended use ch	anges. The Construct	tion Authorization shal	not be transferred wh	en there is a change in ow	nership of the site. This
onstruction Authorization is subject to comp	diance with the provisions of	the Laws and Rules for Sev	wage Treatment and	Disposal and to the	conditions of this permi	t. SEE A	TTACHED SITE SKETCH
Authorized State Agent:	11/1/1	1/1/1/6.	5	Da	<sub>ite</sub> . 6 5	1)14	
•		Constru	Otion Authori	zation Evniratio	n Data: Ela	3)113	
		COIISCI D	CUDII MOTIIOLI	zation Expiratio	m vate: 2 12	1111	

HTE#	<b>57-</b>	5-2	.195-	12

Permit # <u>25480</u>

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: LEMVEL BLACK RD	
ISSUED TO: CAYINESS LAND DEVELOPMENT SUBDIVISION FOREST DAKS	LOT # 182
Authorized State Agent: PS (OLIVER TOLKSOORS) Date: 5 21 09	



BLUEBONNET OAK CY