Harnett County Department of Public Health

HTE# 10-5-23869

Authorized State Agent:

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		terre i critite		
	A building permit cannot be iss			
	PROPERT	Y LOCATION: LEMUEL	BLACK KO	
ISSUED TO: H->H Constructions NEW X REPAIR D, EXPANS	INC SUBDIVI			LOT # 132
Type of Structure: SFD (38 247)	ION 🗆	Site Improvements r	equired prior to Construction Authories	orization Issuance:
Proposed Wastewater System Type:				
	CONVENTIONAL			
	/			
Basement \Box Yes X No	upants: <u>6</u> max			
	wind barred on Guild to at	1 1 .: <i>t</i> (): · ·		
	puired based on final location ar	d elevations of facilities	.	~
Type of Water Supply: Community X Public Permit conditions:	Well Distance from v	/ell <u>100</u> feet	Permit valid for:	Five years
				☐ No expiration
1 AN D	<u> </u>			
Authorized State Agent:	AL REAS	Date: 31510		
The issuance of this permit by the Health Department in no way gua	ranteer the interverse of other commit	Vate:	SEE AT	TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use	changes. The Improvement Permit shall	le permit noider is responsible for d not be affected by a change in ow	hecking with appropriate governing bodies	in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condit	ons of this permit.	not be uncered by a change in on	nersnip of the size. This permit is subject t	o compliance with the provisions of
	Construction	Authorization		
•	<u>(Required for</u>	Building Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached custom lowers	.1954, .1955, .1956, .1957, .1958. and	.1959 are incorporated by reference	s into this permit and shall be met. Systen	ns shall be installed in accordance
with the attached system layout.				
ISSUED TO: HYH CONSTRUCTORS	INC. PRO	PERTY LOCATION C	much BLACKPO	
			A LE PLACE NO	107 11 10 0
Facility Type: SFD (38 x47')	🕅 New 🗆	DIVISION POLEST	UAKS 1715	LOT # <u>132</u>
		Expansion 🗌 Repair		
	xtures? 🗆 Yes 🛛 🕅 No	\sim		• • •
Type of Wastewater System**		CONVENTION	VAL (Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable)	CONENTIO	NAL		
	March None	(Repair)		
Installation Requirements/Conditions	Number of trenches	<u>ک</u>		
Septic Tank Size 1000 gallons	Exact length of each tren	ch <u>100</u> feet	Trench Spacing:	Foot on Contor
Pump Tank Size gallons	Trenches shall be installed			
F	Maximum Trench Depth of			inches
	•		(
	(Trench bottoms shall be	evel to $+/-1/4''$	36" above the trench bot	ttom)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM		\$	inches below pipe
	/	~	Aggregate Depth:	inches above pipe
Conditions: WATER LINE MUST &	E 10 FROM SEP	IL SYSTEM .	No	> inches total
Conditions: WATER LINE MUST P UTILITIES MAY ENCROPON	ON INITIAL OR	REPAIR ANCA		inches total
** If applicable: I understand the sustant and and in	d in different from the		1 . 1 . 10	
**If applicable: I understand the system type specifie	a is aimerent from the type s	pecified on the application	n. I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
this Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The	Construction Authorization shall not	be transferred when there is a change in c	ownership of the site. This

Construction Authorization is subject to compliance with the providence of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Construction Authorization Expiration Date: 3/15/10

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